Image# 201607149020460175 PAGE 1 / 258

## FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

	57.	For Other Than An Au	ithorizea Committe	e	Office Us	e Only
	E OF IMITTEE (in full)	TYPE OR PRINT ▼	Example: If typin over the lines.	ng, type 121	FE4M5	
Wellc	are Health Plar	ns, Inc. PAC (WellCar	e PAC)	1 1 1 1 1		
ADDRES	S (number and street)	8735 Henderson Road				
ш	Check if different than previously reported. (ACC)	Tampa		FL	33634	
2. <b>FEC</b>	IDENTIFICATION	NUMBER ▼ C	ITY 🛦	STAT	ΈΔ	ZIP CODE A
С	C00390575	3.		IEW N) OR	AMENDED (A)	
(Cho	PE OF REPORT ose One) Quarterly Reports:	Report Due On:	ar 20 (M3)	May 20 (M5) Jun 20 (M6) Jul 20 (M7)	Aug 20 (M8) Sep 20 (M9) Oct 20 (M10)	Nov 20 (M11) (Non-Election Year Only)  Dec 20 (M12) (Non-Election Year Only)  Jan 31 (YE)
×	April 15 Quarterly Report July 15 Quarterly Report October 15 Quarterly Report	(Q2) PRE-Election Report for the:	Primary (12F		General (12G) Special (12S)	Runoff (12R)
	January 31 Year-End Report	Floor	tion on	D   D / Y   Y	Y	in the State of
	July 31 Mid-Yeal Report (Non-elec Year Only) (MY)	(d) 30-Day POST-Election Report for the:	General (300	i)	Runoff (30R)	Special (30S)
	(TER)		tion on	D = D / Y = Y	Y	in the State of
5. Cove	ring Period	04 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			30 / Y Y 201	6
I certify the	nat I have examined	this Report and to the best of	of my knowledge and I	pelief it is true, co	orrect and complet	e.
Type or F	Print Name of Treaso	urer Maurice Hebert				
Signature	of Treasurer M	aurice Hebert	[Electronically	Filed] Date	07 / 14	2016
NOTE: Su	ıbmission of false, err	oneous, or incomplete informati	ion may subject the pers	son signing this Re	eport to the penaltie	es of 2 U.S.C. §437g.
	Office Use					FORM 3X ev. 12/2004

### SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS
FEC Form 3X (Rev. 02/2003)
Page 2
For Type Committee Name

Write or Type Committee Name Wellcare Health Plans, Inc. PAC (WellCare PAC) 01 2016 06 30 2016 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 147436.88 January 1, 2016 (b) Cash on Hand at 83838.77 Beginning of Reporting Period..... 50447.73 98599.62 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 246036.50 134286.50 6(a) and 6(c) for Column B)..... 35500.00 147250.00 Total Disbursements (from Line 31)...... Cash on Hand at Close of 8. Reporting Period 98786.50 98786.50 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) .....

×

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

#### For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

#### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

	I. Receipts	COLUMN A	COLUMN B
	<u> </u>	Total This Period	Calendar Year-to-Date
	ontributions (other than loans) From:		
(a	•		
	Than Political Committees	38029.07	54382.51
	(i) Itemized (use Schedule A)	00023.07	34302.31
	(ii) Unitemized	12418.66	44217.11
	(ii) TOTAL (add		
	Lines 11(a)(i) and (ii)▶	50447.73	98599.62
	Lines IT(a)(i) and (ii)	, , , , ,	
(b	) Political Party Committees	0.00	0.00
(0			
,,	(such as PACs)	0.00	0.00
(c		7	
(-	11(a)(iii), (b), and (c)) (Carry		
	Totals to Line 33, page 5)	50447.73	98599.62
. T	ransfers From Affiliated/Other		
Р	arty Committees	0.00	0.00
	·		
. A	Il Loans Received	0.00	0.00
	pan Repayments Received	0.00	0.00
	ffsets To Operating Expenditures	0.00	7
	Refunds, Rebates, etc.)		
	Carry Totals to Line 37, page 5)	0.00	0.00
	efunds of Contributions Made		7 7
	Federal Candidates and Other		
	olitical Committees	0.00	0.00
	ther Federal Receipts	7	3.00
	Dividends, Interest, etc.)	0.00	0.00
	ransfers from Non-Federal and Levin Funds	0.00	7 7
	Non-Federal Account		
(0	(from Schedule H3)	0.00	0.00
	(1.011. 001.000.0 1.10)		
/-	) Lovin Fundo (from Cohodulo HE)	0.00	0.00
(L	) Levin Funds (from Schedule H5)	7	7
	r) Total Transfers (add 18(a) and 18(b))	0.00	0.00
	) Total Transiers (add To(a) and To(b))	0.00	0.00

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:  (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Calcinal Tour-to-Date
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating  Expenditures	0.00	0.00
(c) Total Operating Expenditures	0.00	0.00
(add 21(a)(i), (a)(ii), and (b))▶ 22. Transfers to Affiliated/Other Party		
Committees	0.00	0.00
Federal Candidates/Committees and Other Political Committees	26000.00	118500.00
Independent Expenditures     (use Schedule E)	0.00	0.00
5. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
6. Loan Repayments Made	0.00	0.00
7. Loans Made 8. Refunds of Contributions To:	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds	0.00	
(add Lines 28(a), (b), and (c))▶	0.00	0.00
9. Other Disbursements	9500.00	28750.00
Federal Election Activity (2 U.S.C. §431(20))     (a) Allocated Federal Election Activity		
(from Schedule H6) (i) Federal Share	0.00	, , , 0.00
(ii) "Levin" Share(b) Federal Election Activity Paid Entirely	0.00	0.00
With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00
1. Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	35500.00	147250.00
2. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	35500.00	147250.00

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date			
33. Total Contributions (other than loans) (from Line 11(d), page 3)	50447.73	98599.62			
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00			
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	50447.73	98599.62			
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	0.00			
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00			
8. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00			

### SCHEDULE A (FEC Form 3X)

	FO	R LINE	NU	MBER	:	PAGE	6	OF	258
Use separate schedule(s)	(ch	eck only	or	ne)					
for each category of the Detailed Summary Page	>	11a		11b		11c	12		
		13		14		15	16		17

ITEMIZED RECEIPTS Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Saleh Ahmed Date of Receipt Mailing Address 8735 Henderson Road 03 2016 City State Zip Code Transaction ID: SA11AI.26256 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Memo Item Name of Employer Occupation health care WellCare Health Plans, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 211.53 Other (specify) Full Name (Last, First, Middle Initial) B. Saleh Ahmed Date of Receipt Mailing Address 8735 Henderson Road 06 17 2016 City State Zip Code Transaction ID: SA11AI.26529 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 230.76 Full Name (Last, First, Middle Initial) c. Harvey D. Anderson Date of Receipt Mailing Address 8735 Henderson Road 80 04 2016 City State Zip Code Transaction ID: SA11AI.25068 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 269.22 Other (specify) 76.92 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

			FOR LINE NUMBER: PAGE 7 OF										
Use separate schedule(s) for each category of the	(c	he	ck only	or	ıe)								
Detailed Summary Page		X	11a		11b		11c		12				
Detailed Cultillary 1 age			13		14		15		16			17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Harvey D. Anderson Date of Receipt Mailing Address 8735 Henderson Road 04 2016 22 City State Zip Code Transaction ID: SA11AI.25325 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 307.68 Other (specify) Full Name (Last, First, Middle Initial) B. Harvey D. Anderson Date of Receipt Mailing Address 8735 Henderson Road 05 06 2016 City State Zip Code Transaction ID: SA11AI.25741 FL 33634 Tampa Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 346.14

Harvey D. Anderson		Date of Receipt
Mailing Address 8735 Henderson Road		05 20 2016
City	State Zip Code	Transaction ID : SA11AI.26010
Tampa	FL 33634	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	38.46
Name of Employer	Occupation	Memo Item
WellCare Health Plans, Inc.	health care	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	384.60	

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

FE6AN026

C.

115.38

### SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 8 OF 258 Use separate schedule(s) (check only one)

	EMIZED RECEIPTS		ed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Sta for commercial purposes, other than using the r			
$\rangle$	NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC	(WellCare PA	C)	
Α.	Full Name (Last, First, Middle Initial) Harvey D. Anderson  Mailing Address 8735 Henderson Road  City Tampa  FEC ID number of contributing federal political committee.  Name of Employer  WellCare Health Plans, Inc.  Receipt For:  Primary General Other (specify)	State Zip FL 336  C  Occupation health care  Aggregate Year-to-E		Date of Receipt    M M M
3.	Full Name (Last, First, Middle Initial)  Harvey D. Anderson  Mailing Address 8735 Henderson Road  City  Tampa  FEC ID number of contributing federal political committee.  Name of Employer  WellCare Health Plans, Inc.  Receipt For:  Primary  General  Other (specify)	State Zip FL 336:  C  Occupation nealth care  Aggregate Year-to-D		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
<b>C</b> .	Full Name (Last, First, Middle Initial)  Margaret Anderson  Mailing Address 8735 Henderson Road  City Tampa  FEC ID number of contributing federal political committee.  Name of Employer  WellCare Health Plans, Inc.  Receipt For:  Primary General Other (specify)	State Zip FL 336:  C  Occupation health care Aggregate Year-to-D		Date of Receipt  04 08 2016  Transaction ID: SA11AI.25039  Amount of Each Receipt this Period  96.15  Memo Item
s	UBTOTAL of Receipts This Page (optional)			173.07
т	OTAL This Period (last page this line number or	ly)		

	FOF	R LINE	NU	MBER	:	PAGE	9	OF	25	58
Use separate schedule(s)	(che	ck only	or	ne)						
for each category of the Detailed Summary Page	×	11a		11b		11c	12			
		13		14		15	16		1	7

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Margaret Anderson Date of Receipt Mailing Address 8735 Henderson Road 04 2016 22 City State Zip Code Transaction ID: SA11AI.25296 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 769.20 Other (specify) Full Name (Last, First, Middle Initial) B. Margaret Anderson Date of Receipt Mailing Address 8735 Henderson Road 05 06 2016 City State Zip Code Transaction ID: SA11AI.25810 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 865.35 Full Name (Last, First, Middle Initial) c. Margaret Anderson Date of Receipt Mailing Address 8735 Henderson Road 20 05 2016 City State Zip Code Transaction ID: SA11AI.26074 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 961.50 Other (specify) 288.45 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE	-	PAGE	10 OF	258				
	(check only	one)							
	<b>X</b> 11a	11b	11c	12					
	13	14	15	16	17				
not be sold or used by any person for the purpose of soliciting contributions									

Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Margaret Anderson Date of Receipt Mailing Address 8735 Henderson Road 03 2016 City State Zip Code Transaction ID: SA11AI.26112 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans. Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1057.65 Other (specify) Full Name (Last, First, Middle Initial) B. Margaret Anderson Date of Receipt Mailing Address 8735 Henderson Road 06 17 2016 City State Zip Code Transaction ID: SA11AI.26386 FL 33634 Tampa Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1153.80 Full Name (Last, First, Middle Initial) c. Joseph Anselmo Date of Receipt Mailing Address 8735 Henderson Road 20 05 2016 City State Zip Code Transaction ID: SA11AI.25989 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 20.83 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care

208.30

Aggregate Year-to-Date ▼

Receipt For:

Primary

Other (specify)

General

FOR LINE NUMBER: PAGE 11 OF 258 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Joseph Anselmo Date of Receipt Mailing Address 8735 Henderson Road 2016 0.3 City State Zip Code Transaction ID: SA11AI.26191 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 20.83 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 229.13 Other (specify) Full Name (Last, First, Middle Initial) B. Joseph Anselmo Date of Receipt Mailing Address 8735 Henderson Road 06 17 2016 City State Zip Code Transaction ID: SA11AI.26464 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 20.83 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 249,96 Full Name (Last, First, Middle Initial) c. Norma I. Asencio Date of Receipt Mailing Address 8735 Henderson Road 06 03 2016 City State Zip Code Transaction ID: SA11AI.26306 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing С 19.23 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 211.53 Other (specify) 60.89 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

Llas concrete achadula(a)		FOR LINE NUMBER: PAGE 12 OF 2										
Use separate schedule(s) for each category of the	(ch	eck only										
Detailed Summary Page	>	<b>\</b> 11a		11b		11c		12				
Detailed Cultillary 1 age		13		14		15		16			17	
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Norma I. Asencio Date of Receipt Mailing Address 8735 Henderson Road 2016 City State Zip Code Transaction ID: SA11AI.26579 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 230.76 Other (specify) Full Name (Last, First, Middle Initial) B. Timothy W. Atkinson Date of Receipt Mailing Address 8735 Henderson Road 04 80 2016 City State Zip Code Transaction ID: SA11AI.25057 FL 33634 Tampa Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 269.22 Full Name (Last, First, Middle Initial) Timothy W Atkinson

rimothy vv. Atkinson		Date of Receipt
Mailing Address 8735 Henderson Road		04 22 2016
City	State Zip Code	Transaction ID : SA11AI.25314
Tampa	FL 33634	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	38.46
Name of Employer	Occupation	- Memo Item
WellCare Health Plans, Inc.	health care	
Receipt For:  Primary General  Other (specify)	Aggregate Year-to-Date ▼ 307.68	

SUBTOTAL of Receipts This Page (optional)			Т				T	T	1	_	96	3.15		Ī
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	F	OR	LINE	NU	MBER	PAGE	· ′	13	OF	2	58	
Use separate schedule(s)		(check only one)										
for each category of the Detailed Summary Page		X	11a		11b		11c		12			
Dotailed Cultillary Lage			13		14		15		16		1	17
not be sold or used by any person for the purpose of soliciting contributions												

Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Timothy W. Atkinson Date of Receipt Mailing Address 8735 Henderson Road 06 2016 City State Zip Code Transaction ID: SA11AI.25727 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans. Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 346.14 Other (specify) Full Name (Last, First, Middle Initial) B. Timothy W. Atkinson Date of Receipt Mailing Address 8735 Henderson Road 05 20 2016 City State Zip Code Transaction ID: SA11AI.25997 FL 33634 Tampa Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 384,60 Full Name (Last, First, Middle Initial) **c.** Timothy W. Atkinson Date of Receipt Mailing Address 8735 Henderson Road 03 06 2016 City State Zip Code Transaction ID: SA11AI.26131 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 423.06 Other (specify) 115.38 SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

### SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: (check only one) PAGE 14 OF 258 Use separate schedule(s)

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X   11a
Any information copied from such Reports and S or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC	C (WellCare PAC)	
Full Name (Last, First, Middle Initial)  Timothy W. Atkinson  Mailing Address 8735 Henderson Road  City Tampa  FEC ID number of contributing federal political committee.  Name of Employer  WellCare Health Plans, Inc.  Receipt For:  Primary  General  Other (specify)	State Zip Code FL 33634  C  Occupation health care  Aggregate Year-to-Date ▼  461.52	Date of Receipt  06 17 2016  Transaction ID: SA11AI.26405  Amount of Each Receipt this Period  38.46  Memo Item
Full Name (Last, First, Middle Initial)  Angel L. Ballew  Mailing Address 8735 Henderson Road  City  Tampa  FEC ID number of contributing federal political committee.  Name of Employer  WellCare Health Plans, Inc.  Receipt For:  Primary  General  Other (specify)	State Zip Code FL 33634  C  Occupation health care  Aggregate Year-to-Date ▼  269.22	Date of Receipt  04 08 2016  Transaction ID : SA11AI.25060  Amount of Each Receipt this Period  38.46  Memo Item
Full Name (Last, First, Middle Initial)  Angel L. Ballew  Mailing Address 8735 Henderson Road  City Tampa  FEC ID number of contributing federal political committee.  Name of Employer  WellCare Health Plans, Inc.  Receipt For:  Primary General Other (specify)	State Zip Code FL 33634  C  Occupation health care  Aggregate Year-to-Date ▼  307.68	Date of Receipt  O4 22 2016  Transaction ID: SA11AI.25317  Amount of Each Receipt this Period  38.46  Memo Item
SUBTOTAL of Receipts This Page (optional)		115.38
TOTAL This Period (last page this line number	only)	

Use separate schedule(s)			LINE	PAGE	1	5	OF	2	58			
		(check only one)										
for each category of the Detailed Summary Page	[	X	11a		11b		11c		12			
Johanna Janimary Lage			13		14		15		16			17
not be sold or used by any person for the purpose of soliciting contributions												

Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Angel L. Ballew Date of Receipt Mailing Address 8735 Henderson Road 06 2016 City State Zip Code Transaction ID: SA11AI.25731 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans. Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 346.14 Other (specify) Full Name (Last, First, Middle Initial) B. Angel L. Ballew Date of Receipt Mailing Address 8735 Henderson Road 05 20 2016 City State Zip Code Transaction ID: SA11AI.26000 FL 33634 Tampa Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 384,60 Full Name (Last, First, Middle Initial) c. Angel L. Ballew Date of Receipt Mailing Address 8735 Henderson Road 03 06 2016 City State Zip Code Transaction ID: SA11AI.26134 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 423.06 Other (specify) 115.38 SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

	F	FOR LINE NUMBER: PAGE 16 OF									2	58
Use separate schedule(s)	(с	(check only one)										
for each category of the Detailed Summary Page		X	11a		11b		11c		12			
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not be sold or used by any person for the purpose of soliciting contributions ress of any political committee to solicit contributions from such committee.												

Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and add NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Angel L. Ballew Date of Receipt Mailing Address 8735 Henderson Road 2016 City State Zip Code Transaction ID: SA11AI.26408 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 461.52 Other (specify) Full Name (Last, First, Middle Initial) B. Lisa A. Bartley Date of Receipt Mailing Address 8735 Henderson Road 06 03 2016 City State Zip Code Transaction ID: SA11AI.26201 FL 33634 Tampa Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 211.53 Full Name (Last, First, Middle Initial) c. Lisa A. Bartley Date of Receipt Mailing Address 8735 Henderson Road 17 2016 06 City State Zip Code Transaction ID: SA11AI.26475 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 230.76 Other (specify)

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

76.92

FOR LINE NUMBER: PAGE 17 OF 258 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Matthew J. Bertrand Date of Receipt Mailing Address 8735 Henderson Road 2016 0.3 City State Zip Code Transaction ID: SA11AI.26305 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 211.53 Other (specify) Full Name (Last, First, Middle Initial) B. Matthew J. Bertrand Date of Receipt Mailing Address 8735 Henderson Road 06 17 2016 City State Zip Code Transaction ID: SA11AI.26578 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 230.76 Full Name (Last, First, Middle Initial) c. Sean L. Bird Date of Receipt Mailing Address 8735 Henderson Road 03 06 2016 City State Zip Code Transaction ID: SA11AI.26207 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing С 19.23 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 211.53 Other (specify) 57.69 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

### SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 18 OF 258 Use separate schedule(s) (check only one)

TEMIZED RECEIPTS			for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
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	NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC	(WellCa	are PAC)	
۹.	Full Name (Last, First, Middle Initial) Sean L. Bird Mailing Address 8735 Henderson Road	Date of Receipt		
	City Tampa  FEC ID number of contributing	State FL	Zip Code 33634	06 17 2016  Transaction ID : SA11AI.26481  Amount of Each Receipt this Period  19.23
	federal political committee.  Name of Employer  WellCare Health Plans, Inc.  Receipt For:  □ Primary □ General  □ Other (specify) ▼	Occupation health care	Year-to-Date ▼  230.76	Memo Item
3.	Full Name (Last, First, Middle Initial) Phillip P. Bisesi Mailing Address 8735 Henderson Road			Date of Receipt
	City Tampa  FEC ID number of contributing federal political committee.	State FL	Zip Code 33634	Transaction ID : SA11Al.26280  Amount of Each Receipt this Period  19.23
	Name of Employer Wellcare Health Plans, Inc. Receipt For:	Occupation health care	Year-to-Date ▼	Memo Item
	Primary General Other (specify) ▼		211.53	
Э.	Full Name (Last, First, Middle Initial) Phillip P. Bisesi Mailing Address 8735 Henderson Road			Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Tampa FEC ID number of contributing	State FL	Zip Code 33634	Transaction ID : SA11Al.26554  Amount of Each Receipt this Period
	federal political committee.  Name of Employer	Occupation		19.23  Memo Item
	Wellcare Health Plans, Inc.  Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼  230.76	
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FOR LINE NUMBER: PAGE 19 OF 258 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Jason T. Bollent Date of Receipt Mailing Address 8735 Henderson Road 2016 0.3 City State Zip Code Transaction ID: SA11AI.26275 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 211.53 Other (specify) Full Name (Last, First, Middle Initial) B. Jason T. Bollent Date of Receipt Mailing Address 8735 Henderson Road 17 06 2016 City State Zip Code Transaction ID: SA11AI.26549 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 230.76 Full Name (Last, First, Middle Initial) **c.** Edward J. Brogan Date of Receipt Mailing Address 8735 Henderson Road 03 06 2016 City State Zip Code Transaction ID: SA11AI.26255 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing С 19.23 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 211.53 Other (specify) 57.69 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PA		
Full Name (Last, First, Middle Initial)  A. Edward J. Brogan  Mailing Address 8735 Henderson Road		Date of Receipt
City	State Zip Code	06 17 2016 Transaction ID : SA11AI.26528
Tampa  FEC ID number of contributing federal political committee.	FL 33634	Amount of Each Receipt this Period 19.23
Name of Employer  WellCare Health Plans, Inc.  Receipt For:  Primary General  Other (specify) ▼	Occupation health care  Aggregate Year-to-Date ▼  230.76	Memo Item
Full Name (Last, First, Middle Initial)  3. Kimya M. Brown  Mailing Address 8735 Henderson Road		Date of Receipt
City Tampa FEC ID number of contributing	State Zip Code FL 33634	06 03 2016  Transaction ID : SA11AI.26259  Amount of Each Receipt this Period  19.23
rederal political committee.  Name of Employer WellCare Health Plans, Inc.  Receipt For:  Primary  General  Other (specify) ▼	Occupation health care  Aggregate Year-to-Date ▼  211.53	Memo Item
Full Name (Last, First, Middle Initial)  Kimya M. Brown  Mailing Address 8735 Henderson Road  City Tampa	State Zip Code FL 33634	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee.	C 33034	Amount of Each Receipt this Period  19.23
Name of Employer  WellCare Health Plans, Inc.  Receipt For:  □ Primary □ General  Other (specify) ▼	Occupation health care  Aggregate Year-to-Date ▼  230.76	Memo Item
SUBTOTAL of Receipts This Page (optional)		57.69
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FOR LINE NUMBER: PAGE 21 OF 258 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Kenneth A. Burdick Date of Receipt Mailing Address 8735 Henderson Road 04 2016 08 City State Zip Code Transaction ID: SA11AI.25022 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 192.30 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1346.10 Other (specify) Full Name (Last, First, Middle Initial) B. Kenneth A. Burdick Date of Receipt Mailing Address 8735 Henderson Road 04 22 2016 City State Zip Code Transaction ID: SA11AI.25279 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 192.30 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1538.40 Full Name (Last, First, Middle Initial) c. Kenneth A. Burdick Date of Receipt Mailing Address 8735 Henderson Road 06 05 2016 City State Zip Code Transaction ID: SA11AI.25826 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing С 192.30 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1730.70 Other (specify) 576.90 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Kenneth A. Burdick Date of Receipt Mailing Address 8735 Henderson Road 20 2016 City State Zip Code Transaction ID: SA11AI.26089 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 192.30 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans. Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1923.00 Other (specify) Full Name (Last, First, Middle Initial) B. Kenneth A. Burdick Date of Receipt Mailing Address 8735 Henderson Road 06 03 2016 City State Zip Code Transaction ID: SA11AI.26095 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 192.30 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 2115.30 Full Name (Last, First, Middle Initial) c. Kenneth A. Burdick Date of Receipt Mailing Address 8735 Henderson Road 2016 06 17 City State Zip Code Transaction ID: SA11AI.26369 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 192.30 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 2307.60 Other (specify) 576.90 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 23 OF 258 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

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FOR LINE NUMBER: PAGE 24 OF 258 Use separate schedule(s) (check only one) X 11a 11b 12 11c 14 13 15 16

for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) John Burke Date of Receipt Mailing Address 8735 Henderson Road 20 2016 City State Zip Code Transaction ID: SA11AI.26065 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 961.50 Other (specify) Full Name (Last, First, Middle Initial) B. John Burke Date of Receipt Mailing Address 8735 Henderson Road 06 03 2016 City State Zip Code Transaction ID: SA11AI.26103 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1057.65 Full Name (Last, First, Middle Initial) c. John Burke Date of Receipt Mailing Address 8735 Henderson Road 06 17 2016 City State Zip Code Transaction ID: SA11AI.26377 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing С 96.15 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1153.80 Other (specify) 288.45 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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NAME OF COMMITTEE (In Full)

	J J	7	
	NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC	(WellCare PAC)	
١.	Full Name (Last, First, Middle Initial) Eric W. Campbell  Mailing Address 8735 Henderson Road		Date of Receipt  M = M / D = D / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y
	City Tampa  FEC ID number of contributing federal political committee.  Name of Employer	State Zip Code FL 33634  C Occupation	Transaction ID : SA11AI.25773  Amount of Each Receipt this Period  38.46  Memo Item
	WellCare Health Plans, Inc.  Receipt For:  Primary General  Other (specify) ▼	health care  Aggregate Year-to-Date ▼  230.76	
3.	Full Name (Last, First, Middle Initial)  Eric W. Campbell  Mailing Address 8735 Henderson Road  City	State Zip Code	Date of Receipt  05 20 2016  Transaction ID: SA11Al.26041
	Tampa  FEC ID number of contributing federal political committee.  Name of Employer	FL 33634 C Occupation	Amount of Each Receipt this Period  38.46  Memo Item
	WellCare Health Plans, Inc.  Receipt For:  Primary General  Other (specify) ▼	health care  Aggregate Year-to-Date ▼  269.22	
).	Full Name (Last, First, Middle Initial)  Eric W. Campbell  Mailing Address 8735 Henderson Road		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Tampa FEC ID number of contributing	State Zip Code FL 33634	Transaction ID : SA11AI.26173  Amount of Each Receipt this Period  38.46
	federal political committee.  Name of Employer  WellCare Health Plans, Inc.  Receipt For:  □ Primary □ General  Other (specify) ▼	Occupation health care  Aggregate Year-to-Date   307.68	Memo Item
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Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and address of any political committee to solicit contributions from NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Eric W. Campbell Date of Receipt Mailing Address 8735 Henderson Road 2016 City State Zip Code Transaction ID: SA11AI.26446 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 346.14 Other (specify) Full Name (Last, First, Middle Initial) B. Amy Carr Date of Receipt Mailing Address 8735 Henderson Road 06 03 2016 City State Zip Code Transaction ID: SA11AI.26292 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 211.53 Full Name (Last, First, Middle Initial) c. Amy Carr Date of Receipt Mailing Address 8735 Henderson Road 17 06 2016 Zip Code City State Transaction ID: SA11AI.26566 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 230.76 Other (specify) 76.92 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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not be sold or used by any person for the purpose of soliciting contributions										

	Statements may not be sold or used by any person e name and address of any political committee to	
NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PA	C (WellCare PAC)	
Full Name (Last, First, Middle Initial)  Christine K. Cashen  Mailing Address 8735 Henderson Road		Date of Receipt  M = M / D = D / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y
City Tampa  FEC ID number of contributing federal political committee.  Name of Employer  WellCare Health Plans, Inc.  Receipt For:  Primary  General	State Zip Code FL 33634  C  Occupation health care  Aggregate Year-to-Date ▼	Transaction ID: SA11AI.26241  Amount of Each Receipt this Period  19.23  Memo Item
Full Name (Last, First, Middle Initial)  3. Christine K. Cashen  Mailing Address 8735 Henderson Road  City  Tampa  FEC ID number of contributing federal political committee.  Name of Employer  WellCare Health Plans, Inc.  Receipt For:  Primary  General  Other (specify)	State Zip Code FL 33634  C  Occupation health care  Aggregate Year-to-Date ▼  230.76	Date of Receipt  M M M / D D / 2016  Transaction ID : SA11AI.26514  Amount of Each Receipt this Period  19.23  Memo Item
Full Name (Last, First, Middle Initial)  Robert A. Champagne  Mailing Address 8735 Henderson Road  City Tampa  FEC ID number of contributing federal political committee.  Name of Employer  WellCare Health Plans, Inc.  Receipt For:  Primary General Other (specify)	State Zip Code FL 33634  C  Occupation health care  Aggregate Year-to-Date ▼  269.22	Date of Receipt  M M M O8 2016  Transaction ID: SA11AI.25079  Amount of Each Receipt this Period  38.46  Memo Item
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Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and add NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Robert A. Champagne Date of Receipt Mailing Address 8735 Henderson Road 04 22 2016 City State Zip Code Transaction ID: SA11AI.25335 FL 33634 Tampa Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 307.68 Other (specify) Full Name (Last, First, Middle Initial) B. Robert A. Champagne Date of Receipt Mailing Address 8735 Henderson Road 05 06 2016 City Zip Code State Transaction ID: SA11AI.25751 FL 33634 Tampa Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For:

Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  346.14	
Full Name (Last, First, Middle Initial) Robert A. Champagne Mailing Address 8735 Henderson Road		Date of Receipt  05 20 2016
City	State Zip Code	Transaction ID : SA11AI.26021
Tampa	FL 33634	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	38.46
Name of Employer	Occupation	Memo Item
WellCare Health Plans, Inc.	health care	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  384.60	
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Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and add NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Robert A. Champagne Date of Receipt Mailing Address 8735 Henderson Road 03 2016 City State Zip Code Transaction ID: SA11AI.26154 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 423.06 Other (specify) Full Name (Last, First, Middle Initial) B. Robert A. Champagne Date of Receipt Mailing Address 8735 Henderson Road 06 2016 17 City State Zip Code Transaction ID: SA11AI.26427 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 461.52 Full Name (Last, First, Middle Initial) c. Donna M. Chapman Date of Receipt Mailing Address 8735 Henderson Road 03 2016 06 City State Zip Code Transaction ID: SA11AI.26237 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 211.53 Other (specify) 96.15 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Donna M. Chapman Date of Receipt Mailing Address 8735 Henderson Road 2016 City State Zip Code Transaction ID: SA11AI.26511 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans. Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 230.76 Other (specify) Full Name (Last, First, Middle Initial) B. Patricia Ciampa Date of Receipt Mailing Address 8735 Henderson Road 06 03 2016 City State Zip Code Transaction ID: SA11AI.26215 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 211.53 Full Name (Last, First, Middle Initial) c. Patricia Ciampa Date of Receipt Mailing Address 8735 Henderson Road 17 2016 06 City State Zip Code Transaction ID: SA11AI.26489 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care

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230.76

Aggregate Year-to-Date ▼

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Primary

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General

### SCHEDULE A (FEC Form 3X)

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not be sold or used by any person for the purpose of soliciting contributions											

ITEMIZED RECEIPTS Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Thomas Clegg Date of Receipt Mailing Address 8735 Henderson Road 04 08 2016 City State Zip Code Transaction ID: SA11AI.25100 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans. Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 269.22 Other (specify) Full Name (Last, First, Middle Initial) B. Thomas Clegg Date of Receipt Mailing Address 8735 Henderson Road 04 22 2016 City State Zip Code Transaction ID: SA11AI.25356 FL 33634 Tampa Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 307,68 Full Name (Last, First, Middle Initial) c. Thomas Clegg Date of Receipt Mailing Address 8735 Henderson Road 06 05 2016 City State Zip Code Transaction ID: SA11AI.25779 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 346.14 Other (specify) 115.38 SUBTOTAL of Receipts This Page (optional).....

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		R LINE			:	PAGE	3	2	OF	258	
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Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Thomas Clegg Date of Receipt Mailing Address 8735 Henderson Road 20 2016 City State Zip Code Transaction ID: SA11AI.26047 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans. Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 384.60 Other (specify) Full Name (Last, First, Middle Initial) B. Thomas Clegg Date of Receipt Mailing Address 8735 Henderson Road 06 03 2016 City State Zip Code Transaction ID: SA11AI.26180 FL 33634 Tampa Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 423,06 Full Name (Last, First, Middle Initial) c. Thomas Clegg Date of Receipt Mailing Address 8735 Henderson Road 17 2016 06 City State Zip Code Transaction ID: SA11AI.26452 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 461.52 Other (specify) 115.38 SUBTOTAL of Receipts This Page (optional).....

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FOR LINE NUMBER: PAGE 33 OF 258 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Ann C. Cox Date of Receipt Mailing Address 8735 Henderson Road 04 08 2016 City State Zip Code Transaction ID: SA11AI.25108 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 269.22 Other (specify) Full Name (Last, First, Middle Initial) B. Ann C. Cox Date of Receipt Mailing Address 8735 Henderson Road 04 22 2016 City State Zip Code Transaction ID: SA11AI.25364 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 307,68 Full Name (Last, First, Middle Initial) c. Ann C. Cox Date of Receipt Mailing Address 8735 Henderson Road 06 05 2016 City State Zip Code Transaction ID: SA11AI.25787 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing С 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 346.14 Other (specify) 115.38 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. P	PAC (WellCare PAC)					
Full Name (Last, First, Middle Initial) Ann C. Cox  Mailing Address 8735 Henderson Road		Date of Receipt				
City Tampa	State Zip Code FL 33634	05 20 2016  Transaction ID : SA11AI.26055  Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	38.46 Memo Item				
Name of Employer  WellCare Health Plans, Inc.  Receipt For:  Primary General  Other (specify) ▼	Occupation health care  Aggregate Year-to-Date ▼  384.60					
Full Name (Last, First, Middle Initial)  Ann C. Cox  Mailing Address 8735 Henderson Road		Date of Receipt  06 03 2016				
City Tampa	State Zip Code FL 33634					
FEC ID number of contributing federal political committee.  Name of Employer	Occupation	38.46  Memo Item				
WellCare Health Plans, Inc.  Receipt For:  Primary General  Other (specify) ▼	health care  Aggregate Year-to-Date ▼  423.06					
Full Name (Last, First, Middle Initial)  Ann C. Cox  Mailing Address 9795 Handward Band	•	Date of Receipt				
Mailing Address 8735 Henderson Road  City  Tampa	State Zip Code FL 33634	06 17 2016  Transaction ID : SA11AI.26460  Amount of Each Receipt this Period				
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Name of Employer  WellCare Health Plans, Inc.  Receipt For:  Primary General	Occupation health care  Aggregate Year-to-Date ▼  461.52	Memo Item				
Other (specify) ▼  SUBTOTAL of Receipts This Page (optional	)	115.38				
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### SCHEDULE A (FEC Form 3X)

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NAME OF COMMITTEE (In Full)  Wellcare Health Plans, Inc. PA	AC (WellCare	PAC)	
Full Name (Last, First, Middle Initial)  Benjamin M. Craig  Mailing Address 8735 Henderson Road  City Tampa  FEC ID number of contributing federal political committee.  Name of Employer  WellCare Health Plans, Inc.  Receipt For:  Primary  General  Other (specify)	State FL  C  Occupation health care  Aggregate Ye	Zip Code 33634 ar-to-Date ▼	Date of Receipt  06 03 2016  Transaction ID: SA11AI.26219  Amount of Each Receipt this Period  19.23  Memo Item
Full Name (Last, First, Middle Initial)  Benjamin M. Craig  Mailing Address 8735 Henderson Road  City Tampa  FEC ID number of contributing federal political committee.  Name of Employer WellCare Health Plans, Inc.  Receipt For:  Primary General Other (specify)	State FL  C  Occupation health care  Aggregate Ye	Zip Code 33634 ar-to-Date ▼	Date of Receipt  M M M / 2016  Transaction ID: SA11Al.26494  Amount of Each Receipt this Period  19.23  Memo Item
Full Name (Last, First, Middle Initial)  Justin R. Cramer  Mailing Address 8735 Henderson Road  City Tampa  FEC ID number of contributing federal political committee.  Name of Employer  WellCare Health Plans, Inc.  Receipt For:  Primary General Other (specify)	State FL  C  Occupation health care  Aggregate Ye	Zip Code 33634 ar-to-Date ▼	Date of Receipt  04 08 2016  Transaction ID: SA11AI.25078  Amount of Each Receipt this Period  38.46  Memo Item
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Justin R. Cramer Date of Receipt Mailing Address 8735 Henderson Road 04 2016 City State Zip Code Transaction ID: SA11AI.25334 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Memo Item Name of Employer Occupation health care WellCare Health Plans, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 307.68 Other (specify) Full Name (Last, First, Middle Initial) B. Justin R. Cramer Date of Receipt Mailing Address 8735 Henderson Road 05 06 2016 City State Zip Code Transaction ID: SA11AI.25750 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 346,14 Full Name (Last, First, Middle Initial) **c.** Justin R. Cramer Date of Receipt Mailing Address 8735 Henderson Road 20 05 2016 City State Zip Code Transaction ID: SA11AI.26020 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 384.60 Other (specify) 115.38 SUBTOTAL of Receipts This Page (optional).....

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Justin R. Cramer Date of Receipt Mailing Address 8735 Henderson Road 03 2016 City State Zip Code Transaction ID: SA11AI.26153 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 423.06 Other (specify) Full Name (Last, First, Middle Initial) B. Justin R. Cramer Date of Receipt Mailing Address 8735 Henderson Road 06 17 2016 City State Zip Code Transaction ID: SA11AI.26426 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 461.52

Full Name (Last, First, Middle Initial) c. Christopher C. Cubero Date of Receipt Mailing Address 8735 Henderson Road 80 04 2016 City State Zip Code Transaction ID: SA11AI.25074 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 269.22 Other (specify)

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## SCHEDULE A (FEC Form 3X)

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ITEMIZED RECEIPTS Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Christopher C. Cubero Date of Receipt Mailing Address 8735 Henderson Road 04 2016 City State Zip Code Transaction ID: SA11AI.25331 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 307.68 Other (specify) Full Name (Last, First, Middle Initial) B. Christopher C. Cubero Date of Receipt Mailing Address 8735 Henderson Road 05 06 2016 City State Zip Code Transaction ID: SA11AI.25747 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 346,14 Full Name (Last, First, Middle Initial) c. Christopher C. Cubero Date of Receipt Mailing Address 8735 Henderson Road 20 05 2016 City State Zip Code Transaction ID: SA11AI.26016 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 384.60 Other (specify) 115.38 SUBTOTAL of Receipts This Page (optional).....

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Any information copied from such Reports and Statements may not be sold or used b or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Christopher C. Cubero Date of Receipt Mailing Address 8735 Henderson Road 03 2016 City State Zip Code Transaction ID: SA11AI.26150 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans. Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 423.06 Other (specify) Full Name (Last, First, Middle Initial) B. Christopher C. Cubero Date of Receipt Mailing Address 8735 Henderson Road 06 17 2016 City State Zip Code Transaction ID: SA11AI.26423 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 461.52 Full Name (Last, First, Middle Initial) c. Daniel Cup Choy Date of Receipt Mailing Address 8735 Henderson Road 03 06 2016 City State Zip Code Transaction ID: SA11AI.26251 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 211.53 Other (specify) 96.15 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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288.45 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

1057.65

Occupation

health care

Aggregate Year-to-Date ▼

Name of Employer

Primary

Receipt For:

WellCare Health Plans, Inc.

Other (specify)

General

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) David Cure Date of Receipt Mailing Address 8735 Henderson Road 2016 City State Zip Code Transaction ID: SA11AI.26379 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans. Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1153.80 Other (specify) Full Name (Last, First, Middle Initial) B. Lisa R. Darley Date of Receipt Mailing Address 8735 Henderson Road 06 03 2016 City State Zip Code Transaction ID: SA11AI.26218 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 211.53 Full Name (Last, First, Middle Initial) c. Lisa R. Darley Date of Receipt Mailing Address 8735 Henderson Road 2016 06 17 City State Zip Code Transaction ID: SA11AI.26493 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 230.76 Other (specify) 134.61 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Receipt For: Primary Other (specify	General		Year-to-Date ▼ 673.05	]						
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City Tampa		State FL	Zip Code 33634					SA11AI.: eceipt th	25303 is Period	
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Name of Employer WellCare Health Pla	ns, Inc.	Occupation health care			Mer	no It	tem			
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Full Name (Last, Fi					Date of	Red	ceipt			
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Name of Employer		Occupation			Mer	no It	tem			
WellCare Health Pla	ans, Inc.	health care								
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) William W. Davies Date of Receipt Mailing Address 8735 Henderson Road 20 2016 City State Zip Code Transaction ID: SA11AI.26082 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 961.50 Other (specify) Full Name (Last, First, Middle Initial) B. William W. Davies Date of Receipt Mailing Address 8735 Henderson Road 06 03 2016 City State Zip Code Transaction ID: SA11AI.26120 FL 33634 Tampa Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1057.65 Full Name (Last, First, Middle Initial)

William W. Davies		Date of Receipt
Mailing Address 8735 Henderson Road		06 17 2016
City	State Zip Code	Transaction ID : SA11AI.26394
Tampa	FL 33634	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	96.15
Name of Employer	Occupation	Memo Item
WellCare Health Plans, Inc.	health care	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	1153.80	

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Christopher C. Dawes Date of Receipt Mailing Address 8735 Henderson Road 04 08 2016 City State Zip Code Transaction ID: SA11AI.25066 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Memo Item Name of Employer Occupation health care WellCare Health Plans, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 269.22 Other (specify) Full Name (Last, First, Middle Initial) B. Christopher C. Dawes Date of Receipt Mailing Address 8735 Henderson Road 04 22 2016 City State Zip Code Transaction ID: SA11AI.25323 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 307,68 Full Name (Last, First, Middle Initial) c. Christopher C. Dawes Date of Receipt Mailing Address 8735 Henderson Road 06 05 2016 City State Zip Code Transaction ID: SA11AI.25739 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General

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Other (specify)

FOR LINE NUMBER: PAGE 46 OF 258 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Christopher C. Dawes Date of Receipt Mailing Address 8735 Henderson Road 2016 20 City State Zip Code Transaction ID: SA11AI.26008 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 384.60 Other (specify) Full Name (Last, First, Middle Initial) B. Christopher C. Dawes Date of Receipt Mailing Address 8735 Henderson Road 06 03 2016 City State Zip Code Transaction ID: SA11AI.26143 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 423,06 Full Name (Last, First, Middle Initial) c. Christopher C. Dawes Date of Receipt Mailing Address 8735 Henderson Road 06 17 2016 City State Zip Code Transaction ID: SA11AI.26415 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing С 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 461.52 Other (specify) 115.38 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Valerie DeBoe Date of Receipt Mailing Address 8735 Henderson Road 04 08 2016 City State Zip Code Transaction ID: SA11AI.25110 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 28.84 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 201.88 Other (specify) Full Name (Last, First, Middle Initial) B. Valerie DeBoe Date of Receipt Mailing Address 8735 Henderson Road 04 22 2016 City State Zip Code Transaction ID: SA11AI.25366 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 28.84 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 230.72 Full Name (Last, First, Middle Initial) **c.** Valerie DeBoe Date of Receipt Mailing Address 8735 Henderson Road 06 05 2016 City State Zip Code Transaction ID: SA11AI.25723 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing С 28.84 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 259.56 Other (specify) 86.52 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Mailing Address 8735 Henderson Road 06 17 2016 Zip Code City State Transaction ID: SA11AI.26462 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 28.84 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 346.08 Other (specify)

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Any information copied from such Reports and Statements may not be sold or used by or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Desiree Demonbreun Date of Receipt Mailing Address 8735 Henderson Road 03 2016 City State Zip Code Transaction ID: SA11AI.26202 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans. Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 211.53 Other (specify) Full Name (Last, First, Middle Initial) B. Desiree Demonbreun Date of Receipt Mailing Address 8735 Henderson Road 06 17 2016 City State Zip Code Transaction ID: SA11AI.26476 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 230.76 Full Name (Last, First, Middle Initial) c. Francis P. Dempsey Date of Receipt Mailing Address 8735 Henderson Road 80 04 2016 City State Zip Code Transaction ID: SA11AI.25067 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 269.22 Other (specify) 76.92 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Francis P. Dempsey Date of Receipt Mailing Address 8735 Henderson Road 04 2016 22 City State Zip Code Transaction ID: SA11AI.25324 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans. Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 307.68 Other (specify) Full Name (Last, First, Middle Initial) B. Francis P. Dempsey Date of Receipt Mailing Address 8735 Henderson Road 05 06 2016 City State Zip Code Transaction ID: SA11AI.25740 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 346,14 Full Name (Last, First, Middle Initial) c. Francis P. Dempsey Date of Receipt Mailing Address 8735 Henderson Road 20 2016 05 City State Zip Code Transaction ID: SA11AI.26009 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 384.60 Other (specify) 115.38 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Any information copied from such Reports and Statements may not be sold or used by or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Francis P. Dempsey Date of Receipt Mailing Address 8735 Henderson Road 03 2016 City State Zip Code Transaction ID: SA11AI.26144 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans. Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 423.06 Other (specify) Full Name (Last, First, Middle Initial) B. Francis P. Dempsey Date of Receipt Mailing Address 8735 Henderson Road 06 17 2016 City State Zip Code Transaction ID: SA11AI.26416 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 461.52 Full Name (Last, First, Middle Initial) c. Polak N. Desai Date of Receipt Mailing Address 8735 Henderson Road 03 06 2016 City State Zip Code Transaction ID: SA11AI.26247 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 211.53 Other (specify) 96.15 SUBTOTAL of Receipts This Page (optional).....

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Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Polak N. Desai Date of Receipt Mailing Address 8735 Henderson Road 2016 City State Zip Code Transaction ID: SA11AI.26522 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans. Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 230.76 Other (specify) Full Name (Last, First, Middle Initial) B. Michael Edmondson Date of Receipt Mailing Address 8735 Henderson Road 04 80 2016 City State Zip Code Transaction ID: SA11AI.25094 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 269,22 Full Name (Last, First, Middle Initial) c. Michael Edmondson Date of Receipt Mailing Address 8735 Henderson Road 22 04 2016 City State Zip Code Transaction ID: SA11AI.25350 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 307.68 Other (specify) 96.15 SUBTOTAL of Receipts This Page (optional).....

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commencial purposes, other than using the name and address of any political committee to solicit contributions from such committee.  NAME OF COMMITTEE (in Full)  Wellcare Health Plans, Inc. PAC (WellCare PAC)  Full Name (Last, First, Middle Initial)  Michael Edmondson  Mailing Address 8735 Henderson Road  City  State  Zip Code  Transaction D: SA11AL25770  Anount of Each Receipt Televation Primary  Other (specify)  Perimary  General  Other (specify)  Perimary  Other		EMIZED RECEIPTS		Detailed Summary Page	>	11a 13		11b 14		11c 15	12 16	17
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Primary General Other (specify) ▼ 346.14  Full Name (Last, First, Middle Initial) 3. Michael Edmondson Mailing Address 8735 Henderson Road  City State Zip Code Transaction ID: SA11AL26039 Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  Name of Employer Occupation health care Receipt For: Aggregate Year-to-Date ▼  Full Name (Last, First, Middle Initial)  Michael Edmondson  Mailing Address 8735 Henderson Road  City State Zip Code Transaction ID: SA11AL26171  Full Name (Last, First, Middle Initial)  Michael Edmondson  Mailing Address 8735 Henderson Road  City State Zip Code FL 33634  FEC ID number of contributing federal political committee.  City State Zip Code FL 33634  FEC ID number of contributing federal political committee.  Name of Employer  WellCare Health Plans, Inc.  Receipt For: Aggregate Year-to-Date ▼  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼		WellCare Health Plans, Inc.	health care									
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Any information copied from such Reports and Statements may not be sold or used by or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Michael Edmondson Date of Receipt Mailing Address 8735 Henderson Road 2016 City State Zip Code Transaction ID: SA11AI.26444 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans. Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 461.52 Other (specify) Full Name (Last, First, Middle Initial) B. Carolyn M. Enzinna Date of Receipt Mailing Address 8735 Henderson Road 06 03 2016 City State Zip Code Transaction ID: SA11AI.26212 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 211.53 Full Name (Last, First, Middle Initial) c. Carolyn M. Enzinna Date of Receipt Mailing Address 8735 Henderson Road 17 06 2016 City State Zip Code Transaction ID: SA11AI.26486 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 230.76 Other (specify) 76.92 SUBTOTAL of Receipts This Page (optional).....

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Thomas M. Everett Date of Receipt Mailing Address 8735 Henderson Road 04 08 2016 City State Zip Code Transaction ID: SA11AI.25072 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Memo Item Name of Employer Occupation health care WellCare Health Plans, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 269.22 Other (specify) Full Name (Last, First, Middle Initial) **B.** Thomas M. Everett Date of Receipt Mailing Address 8735 Henderson Road 04 22 2016 City State Zip Code Transaction ID: SA11AI.25329 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 307,68 Full Name (Last, First, Middle Initial) **c.** Thomas M. Everett Date of Receipt Mailing Address 8735 Henderson Road 06 05 2016 City State Zip Code Transaction ID: SA11AI.25745 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 346.14 Other (specify)

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Thomas M. Everett Date of Receipt Mailing Address 8735 Henderson Road 20 2016 City State Zip Code Transaction ID: SA11AI.26014 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans. Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 384.60 Other (specify) Full Name (Last, First, Middle Initial) **B.** Thomas M. Everett Date of Receipt Mailing Address 8735 Henderson Road 06 03 2016 City State Zip Code Transaction ID: SA11AI.26148 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 423,06 Full Name (Last, First, Middle Initial) **c.** Thomas M. Everett Date of Receipt Mailing Address 8735 Henderson Road 06 17 2016 City State Zip Code Transaction ID: SA11AI.26421 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 461.52 Other (specify) 115.38 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Full Name (Last, First, Middle Initial)  Lisa R. Faust  Mailing Address 8735 Henderson Road  City  Tampa  FEC ID number of contributing federal political committee.  Name of Employer  WellCare Health Plans, Inc.  Receipt For:  Primary  General  Other (specify)	State Zip Code FL 33634  C  Occupation health care  Aggregate Year-to-Date ▼  211.53	Date of Receipt  06 03 2016  Transaction ID: SA11AI.26265  Amount of Each Receipt this Period  19.23  Memo Item
Full Name (Last, First, Middle Initial)  Lisa R. Faust  Mailing Address 8735 Henderson Road  City  Tampa  FEC ID number of contributing federal political committee.  Name of Employer  WellCare Health Plans, Inc.  Receipt For:  Primary  General  Other (specify)	State Zip Code FL 33634  C  Occupation health care  Aggregate Year-to-Date ▼  230.76	Date of Receipt  M M / D D D / Y D Y D D D D D D D D D D D D
Full Name (Last, First, Middle Initial)  John Featherston  Mailing Address 8735 Henderson Road  City Tampa  FEC ID number of contributing federal political committee.  Name of Employer  WellCare Health Plans, Inc.  Receipt For:  Primary General Other (specify)	State Zip Code FL 33634  C  Occupation health care  Aggregate Year-to-Date ▼  211.53	Date of Receipt  06 03 2016  Transaction ID: SA11AI.26281  Amount of Each Receipt this Period  19.23  Memo Item
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Traci L. Ferguson Date of Receipt Mailing Address 8735 Henderson Road 2016 06 City State Zip Code Transaction ID: SA11AI.25798 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 865.35 Other (specify) Full Name (Last, First, Middle Initial) B. Traci L. Ferguson Date of Receipt Mailing Address 8735 Henderson Road 20 05 2016 City State Zip Code Transaction ID: SA11AI.26062 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 961.50 Full Name (Last, First, Middle Initial) c. Traci L. Ferguson Date of Receipt Mailing Address 8735 Henderson Road 06 03 2016 City State Zip Code Transaction ID: SA11AI.26100 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing С 96.15 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1057.65 Other (specify) 288.45 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Traci L. Ferguson Date of Receipt Mailing Address 8735 Henderson Road 2016 City State Zip Code Transaction ID: SA11AI.26374 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans. Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1153.80 Other (specify) Full Name (Last, First, Middle Initial) B. Robert L. Flohr Date of Receipt Mailing Address 8735 Henderson Road 06 03 2016 City State Zip Code Transaction ID: SA11AI.26260 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 211.53 Full Name (Last, First, Middle Initial) c. Robert L. Flohr Date of Receipt Mailing Address 8735 Henderson Road 06 17 2016 City State Zip Code Transaction ID: SA11AI.26533 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee.

230.76

Occupation

health care

Aggregate Year-to-Date ▼

Name of Employer

Primary

Receipt For:

WellCare Health Plans, Inc.

Other (specify)

General

Memo Item

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Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) A. Ryan B. Fogarty Date of Receipt Mailing Address 8735 Henderson Road 2016 City State Zip Code Transaction ID: SA11AI.26465 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 20.83 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans. Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 208.30 Other (specify) Full Name (Last, First, Middle Initial) B. Dalvin Ford Date of Receipt Mailing Address 8735 Henderson Road 05 20 2016 City State Zip Code Transaction ID: SA11AI.25993 FL 33634 Tampa Amount of Each Receipt this Period FEC ID number of contributing 20.83 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 208.30 Full Name (Last, First, Middle Initial) c. Dalvin Ford Date of Receipt Mailing Address 8735 Henderson Road 03 06 2016 City State Zip Code Transaction ID: SA11AI.26195 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 20.83 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 229.13 Other (specify) 62.49 SUBTOTAL of Receipts This Page (optional).....

WellCare Health Plans, Inc.

#### SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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WellCare Health Plans, Inc.  Receipt For:  Primary  Other (specify)   Other (specify)   Other (specify)   Other (specify)   Other (specify)   Other (specify)	health care  Aggregate Year-to-Date ▼  269.22	
Full Name (Last, First, Middle Initial)  Marjorie P. Forgang  Mailing Address 8735 Henderson Road		Date of Receipt  04 22 _ 2016 _
City	State Zip Code	Transaction ID : SA11AI.25338
Tampa	FL 33634	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	38.46
Name of Employer	Occupation	Memo Item
WellCare Health Plans, Inc.	health care	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  307.68	
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### SCHEDULE A (FEC Form 3X)

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ITEMIZED RECEIPTS Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Marjorie P. Forgang Date of Receipt Mailing Address 8735 Henderson Road 06 2016 City State Zip Code Transaction ID: SA11AI.25754 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 346.14 Other (specify) Full Name (Last, First, Middle Initial) B. Marjorie P. Forgang Date of Receipt Mailing Address 8735 Henderson Road 20 05 2016 City State Zip Code Transaction ID: SA11AI.26024 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 384,60 Full Name (Last, First, Middle Initial) c. Marjorie P. Forgang Date of Receipt Mailing Address 8735 Henderson Road 03 06 2016 City State Zip Code Transaction ID: SA11AI.26157 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 423.06 Other (specify) 115.38 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Marjorie P. Forgang Date of Receipt Mailing Address 8735 Henderson Road 2016 City State Zip Code Transaction ID: SA11AI.26430 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans. Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 461.52 Other (specify) Full Name (Last, First, Middle Initial) B. Vincent L. Frakes Date of Receipt Mailing Address 8735 Henderson Road 04 80 2016 City State Zip Code Transaction ID: SA11AI.25071 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 269,22 Full Name (Last, First, Middle Initial) c. Vincent L. Frakes Date of Receipt Mailing Address 8735 Henderson Road 22 04 2016 City State Zip Code Transaction ID: SA11AI.25328 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 307.68 Other (specify) 115.38 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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ITEMIZED RECEIPTS Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Vincent L. Frakes Date of Receipt Mailing Address 8735 Henderson Road 06 2016 City State Zip Code Transaction ID: SA11AI.25744 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 346.14 Other (specify) Full Name (Last, First, Middle Initial) B. Vincent L. Frakes Date of Receipt Mailing Address 8735 Henderson Road 20 05 2016 City State Zip Code Transaction ID: SA11AI.26013 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 384,60 Full Name (Last, First, Middle Initial) c. Vincent L. Frakes Date of Receipt Mailing Address 8735 Henderson Road 03 06 2016 City State Zip Code Transaction ID: SA11AI.26147 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 423.06 Other (specify) 115.38 SUBTOTAL of Receipts This Page (optional).....

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Vincent L. Frakes Date of Receipt Mailing Address 8735 Henderson Road 2016 City State Zip Code Transaction ID: SA11AI.26420 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans. Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 461.52 Other (specify) Full Name (Last, First, Middle Initial) B. Paul H. Frank Date of Receipt Mailing Address 8735 Henderson Road 06 03 2016 City State Zip Code Transaction ID: SA11AI.26235 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 211.53 Full Name (Last, First, Middle Initial) c. Paul H. Frank Date of Receipt Mailing Address 8735 Henderson Road 06 17 2016 City State Zip Code Transaction ID: SA11AI.26509 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 230.76 Other (specify) 76.92 SUBTOTAL of Receipts This Page (optional).....

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not be sold or used by any person for the purpose of soliciting contributions													

Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) A. Lucy Frasca Date of Receipt Mailing Address 8735 Henderson Road 03 2016 City State Zip Code Transaction ID: SA11AI.26274 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans. Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 211.53 Other (specify) Full Name (Last, First, Middle Initial) B. Lucy Frasca Date of Receipt Mailing Address 8735 Henderson Road 06 17 2016 City State Zip Code Transaction ID: SA11AI.26548 FL 33634 Tampa Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 230.76 Full Name (Last, First, Middle Initial) c. Dana French Date of Receipt Mailing Address 8735 Henderson Avenue 80 04 2016 City State Zip Code Transaction ID: SA11AI.25056 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General

269.22

Other (specify)

FOR LINE NUMBER: PAGE 68 OF 258 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Dana French Date of Receipt Mailing Address 8735 Henderson Avenue 04 2016 City State Zip Code Transaction ID: SA11AI.25313 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 307.68 Other (specify) Full Name (Last, First, Middle Initial) B. Dana French Date of Receipt Mailing Address 8735 Henderson Avenue 05 06 2016 City State Zip Code Transaction ID: SA11AI.25726 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 346,14 Full Name (Last, First, Middle Initial) c. Dana French Date of Receipt Mailing Address 8735 Henderson Avenue 20 05 2016 City State Zip Code Transaction ID: SA11AI.25996 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing С 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 384.60 Other (specify) 115.38 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

# SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 69 OF Use separate schedule(s) (check only one)

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$\overline{\ \ }$	NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (W	/ellCare PAC)	
Δ.	Tampa  FEC ID number of contributing federal political committee.  Name of Employer  WellCare Health Plans, Inc.  Perceit For:	tate Zip Code **L 33634  **Cupation  Ith care  gregate Year-to-Date   423.06	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3.	Tampa  FEC ID number of contributing federal political committee.  Name of Employer  WellCare Health Plans, Inc.  Pecciat For:	3000	Date of Receipt  06 17 2016  Transaction ID: SA11AI.26404  Amount of Each Receipt this Period  38.46  Memo Item
<b>D.</b>	Tampa  FEC ID number of contributing federal political committee.  Name of Employer  WellCare Health Plans, Inc.  Descript For:	tate Zip Code FL 33634  cupation cutor gregate Year-to-Date  211.53	Date of Receipt  06 03 2016  Transaction ID: SA11AI.26203  Amount of Each Receipt this Period  19.23  Memo Item
S	SUBTOTAL of Receipts This Page (optional)	• • • • • • • • • • • • • • • • • • •	96.15
т	OTAL This Period (last page this line number only).		

FOR LINE NUMBER: PAGE 70 OF 258 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Leonard Genco Date of Receipt Mailing Address 8735 Henderson Road 2016 City State Zip Code Transaction ID: SA11AI.26477 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. director Receipt For: Aggregate Year-to-Date ▼ Primary General 230.76 Other (specify) Full Name (Last, First, Middle Initial) B. Michael A. Gerasimovich Date of Receipt Mailing Address 8735 Henderson Road 06 03 2016 City State Zip Code Transaction ID: SA11AI.26210 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 211.53 Full Name (Last, First, Middle Initial) c. Michael A. Gerasimovich Date of Receipt Mailing Address 8735 Henderson Road 06 17 2016 City State Zip Code Transaction ID: SA11AI.26484 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing С 19.23 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 230.76 Other (specify) 57.69 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 71 OF 258 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Roger T. Gerlach Date of Receipt Mailing Address 8735 Henderson Road 2016 0.3 City State Zip Code Transaction ID: SA11AI.26225 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 211.53 Other (specify) Full Name (Last, First, Middle Initial) B. Roger T. Gerlach Date of Receipt Mailing Address 8735 Henderson Road 17 06 2016 City State Zip Code Transaction ID: SA11AI.26499 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 230.76 Full Name (Last, First, Middle Initial) c. Darren Ghanayem Date of Receipt Mailing Address 8735 Henderson Road 20 05 2016 City State Zip Code Transaction ID: SA11AI.26087 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing С 150.00 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 188.46 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 72 OF												
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not be sold or used by any person for the purpose of soliciting contributions													

Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Darren Ghanayem Date of Receipt Mailing Address 8735 Henderson Road 03 2016 City State Zip Code Transaction ID: SA11AI.26098 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 150.00 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 450.00 Other (specify) Full Name (Last, First, Middle Initial) B. Darren Ghanayem Date of Receipt Mailing Address 8735 Henderson Road 06 17 2016 City State Zip Code Transaction ID: SA11AI.26372 FL 33634 Tampa Amount of Each Receipt this Period FEC ID number of contributing 150.00 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 600.00 Full Name (Last, First, Middle Initial) c. Elizabeth A. Gianini Date of Receipt Mailing Address 8735 Henderson Road 80 04 2016 Zip Code City State Transaction ID: SA11AI.25086 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Memo Item Name of Employer Occupation

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health care

Aggregate Year-to-Date ▼

WellCare Health Plans, Inc.

Other (specify)

General

Receipt For:

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	FOR LINE NUMBER: PAGE 73 OF 2											
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Any information copied from such Reports and Statements may not be sold or used b or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Elizabeth A. Gianini Date of Receipt Mailing Address 8735 Henderson Road 04 2016 City State Zip Code Transaction ID: SA11AI.25342 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 307.68 Other (specify) Full Name (Last, First, Middle Initial) B. Elizabeth A. Gianini Date of Receipt Mailing Address 8735 Henderson Road 05 06 2016 City Zip Code State Transaction ID: SA11AI.25758 FL 33634 Tampa Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼

Primary General  Other (specify) ▼	346.14	
Full Name (Last, First, Middle Initial)  Elizabeth A. Gianini  Mailing Address 8735 Henderson Road		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Tampa	State Zip Code FL 33634	Transaction ID : SA11AI.26028  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	38.46
Name of Employer	Occupation	Memo Item
WellCare Health Plans, Inc.	health care	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  384.60	

SUBTOTAL of Receipts This Page (optional).....

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115.38

	FOR LINE NUMBER: PAGE 74 OF 2										
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NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (W	ellCare PAC)	
Tampa  FEC ID number of contributing federal political committee.  Name of Employer  WellCare Health Plans, Inc.  Descript For:	ate Zip Code  - 33634  Upation th care regate Year-to-Date ▼  423.06	Date of Receipt  06 03 2016  Transaction ID: SA11Al.26161  Amount of Each Receipt this Period  38.46  Memo Item
Tampa  FL  FEC ID number of contributing federal political committee.  Name of Employer WellCare Health Plans, Inc.  Page int For:	ate Zip Code - 33634  Lipation th care regate Year-to-Date ▼  461.52	Date of Receipt  06 17 2016  Transaction ID: SA11Al.26434  Amount of Each Receipt this Period  38.46  Memo Item
Tampa  FIC ID number of contributing federal political committee.  Name of Employer  WellCare Health Plans, Inc.  Descript For:	ate Zip Code L 33634  Upation th care regate Year-to-Date ▼  673.05	Date of Receipt  04 08 2016  Transaction ID : SA11AI.25028  Amount of Each Receipt this Period  96.15  Memo Item
SUBTOTAL of Receipts This Page (optional)  TOTAL This Period (last page this line number only)	<u>^</u>	173.07

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Johanna Janimary Lage		13		14		15	1	6		17	
not be sold or used by any person for the purpose of soliciting contributions											

ITEMIZED RECEIPTS Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Louis Gianquinto, Jr. Date of Receipt Mailing Address 8735 Henderson Road 04 2016 22 City State Zip Code Transaction ID: SA11AI.25285 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans. Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 769.20 Other (specify) Full Name (Last, First, Middle Initial) B. Louis Gianquinto, Jr. Date of Receipt Mailing Address 8735 Henderson Road 05 06 2016 City State Zip Code Transaction ID: SA11AI.25799 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 865.35 Full Name (Last, First, Middle Initial) **c.** Louis Gianquinto, Jr. Date of Receipt Mailing Address 8735 Henderson Road 20 05 2016 City State Zip Code Transaction ID: SA11AI.26063 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 961.50 Other (specify) 288.45 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 76 OF 258 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Louis Gianquinto, Jr. Date of Receipt Mailing Address 8735 Henderson Road 2016 0.3 City State Zip Code Transaction ID: SA11AI.26101 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1057.65 Other (specify) Full Name (Last, First, Middle Initial) B. Louis Gianquinto, Jr. Date of Receipt Mailing Address 8735 Henderson Road 06 17 2016 City State Zip Code Transaction ID: SA11AI.26375 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1153.80 Full Name (Last, First, Middle Initial) c. Sabrina H. Gibson Date of Receipt Mailing Address 8735 Henderson Road 80 04 2016 City State Zip Code Transaction ID: SA11AI.25105 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing С 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 269.22 Other (specify) 230.76 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

		FOR LINE NUMBER: PAGE 77 OF 25										
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Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and add NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Sabrina H. Gibson Date of Receipt Mailing Address 8735 Henderson Road 04 2016 22 City State Zip Code Transaction ID: SA11AI.25361 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 307.68 Other (specify) Full Name (Last, First, Middle Initial) B. Sabrina H. Gibson Date of Receipt Mailing Address 8735 Henderson Road 05 06 2016 City State Zip Code Transaction ID: SA11AI.25784 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 346.14 Full Name (Last, First, Middle Initial) c. Sabrina H. Gibson Date of Receipt Mailing Address 8735 Henderson Road 20 05 2016 Zip Code City State Transaction ID: SA11AI.26052 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 384.60 Other (specify) 115.38 SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 78 OF 258 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

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not be sold or used by any person for the purpose of soliciting contributions												

Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Elizabeth Goodman Date of Receipt Mailing Address 8735 Henderson Road 04 2016 22 City State Zip Code Transaction ID: SA11AI.25280 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 192.30 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans. Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1538.40 Other (specify) Full Name (Last, First, Middle Initial) B. Elizabeth Goodman Date of Receipt Mailing Address 8735 Henderson Road 05 06 2016 City State Zip Code Transaction ID: SA11AI.25827 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 192.30 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1730.70 Full Name (Last, First, Middle Initial) c. Elizabeth Goodman Date of Receipt Mailing Address 8735 Henderson Road 20 2016 05 City State Zip Code Transaction ID: SA11AI.26091 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 192.30 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1923.00 Other (specify) 576.90

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ITEMIZED RECEIPTS Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Lori A. Gordon Date of Receipt Mailing Address 8735 Henderson Road 04 08 2016 City State Zip Code Transaction ID: SA11AI.25076 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans. Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 269.22 Other (specify) Full Name (Last, First, Middle Initial) B. Lori A. Gordon Date of Receipt Mailing Address 8735 Henderson Road 04 22 2016 City State Zip Code Transaction ID: SA11AI.25332 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 307,68 Full Name (Last, First, Middle Initial) **c.** Lori A. Gordon Date of Receipt Mailing Address 8735 Henderson Road 06 05 2016 City State Zip Code Transaction ID: SA11AI.25748 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 346.14 Other (specify) 115.38 SUBTOTAL of Receipts This Page (optional).....

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Lori A. Gordon Date of Receipt Mailing Address 8735 Henderson Road 20 2016 City State Zip Code Transaction ID: SA11AI.26017 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 384.60 Other (specify) Full Name (Last, First, Middle Initial) B. Lori A. Gordon Date of Receipt Mailing Address 8735 Henderson Road 06 03 2016 City State Zip Code Transaction ID: SA11AI.26151 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 423.06

Full Name (Last, First, Middle Initial) c. Lori A. Gordon Date of Receipt Mailing Address 8735 Henderson Road 2016 06 17 Zip Code City State Transaction ID: SA11AI.26424 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 461.52 Other (specify)

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# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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not be sold or used by any person for the purpose of soliciting contributions												

Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and add NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) John D. Greeley Date of Receipt Mailing Address 8735 Henderson Road 04 80 2016 City State Zip Code Transaction ID: SA11AI.25111 FL 33634 Tampa Amount of Each Receipt this Period FEC ID number of contributing C 28.84 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care

Aggregate Year-to-Date ▼

Primary General  Other (specify) ▼	201.88	
Full Name (Last, First, Middle Initial) John D. Greeley  Mailing Address 8735 Henderson Road  City Tampa  FEC ID number of contributing federal political committee.  Name of Employer WellCare Health Plans, Inc.  Receipt For:  Primary General Other (specify)   Other (specify)	State Zip Code FL 33634  C  Occupation health care  Aggregate Year-to-Date ▼  230.72	Date of Receipt  04 22 2016  Transaction ID: SA11AI.25367  Amount of Each Receipt this Period  28.84  Memo Item
Full Name (Last, First, Middle Initial) John D. Greeley Mailing Address 8735 Henderson Road	1	Date of Receipt

05 06 2016 City Zip Code State Transaction ID: SA11AI.25724 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 28.84 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 259.56 Other (specify)

SUBTOTAL of Receipts This Page (optional)	·····		- 1	- 1	86.52	
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Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) John D. Greeley Date of Receipt Mailing Address 8735 Henderson Road 20 2016 City State Zip Code Transaction ID: SA11AI.25995 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 28.84 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans. Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 288.40 Other (specify) Full Name (Last, First, Middle Initial) B. John D. Greeley Date of Receipt Mailing Address 8735 Henderson Road 06 03 2016 City State Zip Code Transaction ID: SA11AI.26190 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 28.84 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 317.24 Full Name (Last, First, Middle Initial) c. John D. Greeley Date of Receipt Mailing Address 8735 Henderson Road 06 17 2016 City State Zip Code Transaction ID: SA11AI.26463 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 28.84 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 346.08 Other (specify) 86.52 SUBTOTAL of Receipts This Page (optional).....

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FOR LINE NUMBER: PAGE 84 OF 258 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Lori-Don M. Gregory Date of Receipt Mailing Address 8735 Henderson Road 04 2016 08 City State Zip Code Transaction ID: SA11AI.25053 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 46.15 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 323.05 Other (specify) Full Name (Last, First, Middle Initial) B. Lori-Don M. Gregory Date of Receipt Mailing Address 8735 Henderson Road 04 22 2016 City State Zip Code Transaction ID: SA11AI.25310 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 46.15 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 369,20 Full Name (Last, First, Middle Initial) c. Lori-Don M. Gregory Date of Receipt Mailing Address 8735 Henderson Road 06 05 2016 City State Zip Code Transaction ID: SA11AI.25792 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing С 46.15 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 415.35 Other (specify) 138.45 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

	FOR LINE NUMBER:	PAGE 85 OF 258
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NAME OF COMMITTEE (In Full)	) (M-IIO DAO)	
Wellcare Health Plans, Inc. PAC	(vvellCare PAC)	
Full Name (Last, First, Middle Initial)  Lori-Don M. Gregory		Date of Receipt
Mailing Address 8735 Henderson Road		05 20 2016
City	State Zip Code	Transaction ID : SA11AI.26059
Tampa	FL 33634	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	46.15
Name of Employer	Occupation	Memo Item
WellCare Health Plans, Inc.	health care	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	461.50	
Full Name (Last, First, Middle Initial)  3. Lori-Don M. Gregory		Date of Receipt
Mailing Address 8735 Henderson Road		06 03 2016
City	State Zip Code	Transaction ID : SA11AI.26127
Tampa	FL 33634	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	46.15
Name of Employer	Occupation	Memo Item
WellCare Health Plans, Inc.	'	
Receipt For:	health care	
Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	507.65	
Full Name (Last, First, Middle Initial)  C. Lori-Don M. Gregory		Date of Receipt
Mailing Address 8735 Henderson Road		06 17 _ 2016 _
City	State Zip Code	Transaction ID : SA11AI.26401
Татра	FL 33634	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	46.15
Name of Employer	Occupation	Memo Item
WellCare Health Plans, Inc.	health care	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	553.80	
SUBTOTAL of Receipts This Page (optional)		138.45
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Dauda Griffin Date of Receipt Mailing Address 8735 Henderson Road 03 2016 City State Zip Code Transaction ID: SA11AI.26268 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 211.53 Other (specify) Full Name (Last, First, Middle Initial) B. Dauda Griffin Date of Receipt Mailing Address 8735 Henderson Road 06 17 2016 City State Zip Code Transaction ID: SA11AI.26542 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 230.76

Full Name (Last, First, Middle Initial) c. Patricia B. Guay Date of Receipt Mailing Address 8735 Henderson Road 80 04 2016 City State Zip Code Transaction ID: SA11AI.25070 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 269.22 Other (specify)

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ot be sold or used by any person for the purpose of soliciting contributions											

Any information copied from such Reports and Statements may not be sold or used b or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Patricia B. Guay Date of Receipt Mailing Address 8735 Henderson Road 04 2016 City State Zip Code Transaction ID: SA11AI.25327 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 307.68 Other (specify) Full Name (Last, First, Middle Initial) B. Patricia B. Guay Date of Receipt Mailing Address 8735 Henderson Road 05 06 2016 City State Zip Code Transaction ID: SA11AI.25743 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 346.14 Full Name (Last, First, Middle Initial) c. Patricia B. Guay Date of Receipt Mailing Address 8735 Henderson Road 20 05 2016 Zip Code City State Transaction ID: SA11AI.26012 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care

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384.60

Aggregate Year-to-Date ▼

Receipt For:

Primary

Other (specify)

General

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<u> </u>	EMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and State for commercial purposes, other than using the nar		
	NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (	WellCare PAC)	
Δ.	Tampa  FEC ID number of contributing federal political committee.  Name of Employer  WellCare Health Plans, Inc.  Receipt For:  Primary  General  Other (specify) ▼	State Zip Code FL 33634  C ccupation ealth care ggregate Year-to-Date ▼  423.06	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3.	Tampa  FEC ID number of contributing federal political committee.  Name of Employer  WellCare Health Plans, Inc.	State Zip Code FL 33634  C  ccupation ealth care aggregate Year-to-Date ▼  461.52	Date of Receipt  06 17 2016  Transaction ID: SA11Al.26419  Amount of Each Receipt this Period  38.46  Memo Item
<b>-</b> .	Tampa  FEC ID number of contributing federal political committee.  Name of Employer  WellCare Health Plans, Inc.	State Zip Code FL 33634  C ccupation ealth care ggregate Year-to-Date ▼  230.76	Date of Receipt  M M M / D D / Y D Y D Y D Y D Y D Y D Y D Y D
s	UBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	115.38
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NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC	C (WellCare PAC)	
Full Name (Last, First, Middle Initial)  Alexander Gutierrez  Mailing Address 8735 Henderson Road  City Tampa  FEC ID number of contributing federal political committee.  Name of Employer  WellCare Health Plans, Inc.  Receipt For:  Primary  General  Other (specify)	State Zip Code FL 33634  C  Occupation health care  Aggregate Year-to-Date ▼  269.22	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial)  Michael Haber  Mailing Address 8735 Henderson Road  City Tampa  FEC ID number of contributing federal political committee.  Name of Employer WellCare Health Plans, Inc.  Receipt For:  Primary General Other (specify)	State Zip Code FL 33634  C  Occupation health care  Aggregate Year-to-Date ▼  673.05	Date of Receipt  04 08 2016  Transaction ID: SA11AI.25043  Amount of Each Receipt this Period  96.15  Memo Item
Full Name (Last, First, Middle Initial)  Michael Haber  Mailing Address 8735 Henderson Road  City Tampa  FEC ID number of contributing federal political committee.  Name of Employer  WellCare Health Plans, Inc.  Receipt For:  Primary General Other (specify)	State Zip Code FL 33634  C  Occupation health care  Aggregate Year-to-Date ▼  769.20	Date of Receipt  O4 22 2016  Transaction ID: SA11AI.25300  Amount of Each Receipt this Period  96.15  Memo Item
SUBTOTAL of Receipts This Page (optional)	)	230.76
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FOR LINE NUMBER: PAGE 90 OF 258 Use separate schedule(s) (check only one)

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	y information copied from such Reports and Stat for commercial purposes, other than using the na			
$\rangle$	Wellcare Health Plans, Inc. PAC	WellCare PAC)		
	WellCare Health Plans, Inc.	State Zip Code FL 33634  C  Description ealth care  Aggregate Year-to-Date ▼	865.35	Date of Receipt    M
	WellCare Health Plans, Inc.	State Zip Code FL 33634  C  Description ealth care  Aggregate Year-to-Date ▼	961.50	Date of Receipt    M
C.	WellCare Health Plans, Inc.	State Zip Code FL 33634  C  Description  ealth care  Aggregate Year-to-Date ▼	057.65	Date of Receipt  06 03 2016  Transaction ID: SA11AI.26117  Amount of Each Receipt this Period  96.15  Memo Item
s	UBTOTAL of Receipts This Page (optional)			288.45
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Full Name (Last, First, Middle Initial)  Michael Haber  Mailing Address 8735 Henderson Road  City Tampa  FEC ID number of contributing federal political committee.  Name of Employer  WellCare Health Plans, Inc.  Receipt For:  Primary General Other (specify)	State Zip Code FL 33634  C  Occupation health care  Aggregate Year-to-Date ▼  1153.80	Date of Receipt  06 17 2016  Transaction ID: SA11AI.26391  Amount of Each Receipt this Period  96.15  Memo Item
Full Name (Last, First, Middle Initial)  Colleen Hagan  Mailing Address 8735 Henderson Road  City  Tampa  FEC ID number of contributing federal political committee.  Name of Employer  WellCare Health Plans, Inc.  Receipt For:  Primary General  Other (specify)	State Zip Code FL 33634  C  Occupation health care  Aggregate Year-to-Date ▼  269.22	Date of Receipt  M M M
Full Name (Last, First, Middle Initial)  Colleen Hagan  Mailing Address 8735 Henderson Road  City Tampa  FEC ID number of contributing federal political committee.  Name of Employer  WellCare Health Plans, Inc.  Receipt For:  Primary  General  Other (specify)	State Zip Code FL 33634  C  Occupation health care  Aggregate Year-to-Date ▼  307.68	Date of Receipt    M
SUBTOTAL of Receipts This Page (optional).	<b>&gt;</b>	173.07
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not be sold or used by any person for the purpose of soliciting contributions											

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Colleen Hagan Date of Receipt Mailing Address 8735 Henderson Road 06 2016 City State Zip Code Transaction ID: SA11AI.25771 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 346.14 Other (specify) Full Name (Last, First, Middle Initial) B. Colleen Hagan Date of Receipt Mailing Address 8735 Henderson Road 05 20 2016 City State Zip Code Transaction ID: SA11AI.26040 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 384.60 Full Name (Last, First, Middle Initial) c. Colleen Hagan Date of Receipt Mailing Address 8735 Henderson Road 06 03 2016 Zip Code City State Transaction ID: SA11AI.26172 FL Tampa 33634 Amount of Each Receipt this Period

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423.06

C

Occupation

health care

Aggregate Year-to-Date ▼

FEC ID number of contributing

federal political committee.

WellCare Health Plans, Inc.

Other (specify)

General

Name of Employer

Primary

Receipt For:

38.46

Memo Item

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ITEMIZED RECEIPTS Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Colleen Hagan Date of Receipt Mailing Address 8735 Henderson Road 2016 City State Zip Code Transaction ID: SA11AI.26445 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans. Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 461.52 Other (specify) Full Name (Last, First, Middle Initial) B. Nicole Hall Date of Receipt Mailing Address 8735 Henderson Road 06 03 2016 City State Zip Code Transaction ID: SA11AI.26199 FL 33634 Tampa Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 211.53 Full Name (Last, First, Middle Initial) c. Nicole Hall Date of Receipt Mailing Address 8735 Henderson Road 17 2016 06 City State Zip Code Transaction ID: SA11AI.26472 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 230.76 Other (specify) 76.92 SUBTOTAL of Receipts This Page (optional).....

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r for commercial purposes, other than using to NAME OF COMMITTEE (In Full)  Wellcare Health Plans, Inc. PA	Statements may not be sold or used by any per- he name and address of any political committee to  AC (WellCare PAC)	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  Jason Hamilton  Mailing Address 8735 Henderson Road		Date of Receipt
City	State Zip Code	04 08 2016
Tampa	FL 33634	Transaction ID : SA11AI.25058
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period  38.46
Name of Employer	Occupation	Memo Item
WellCare Health Plans, Inc.	health care	
Receipt For:  Primary General  Other (specify)	Aggregate Year-to-Date ▼  269.22	
Full Name (Last, First, Middle Initial)  Jason Hamilton  Mailing Address 9795 Handerson Bood		Date of Receipt
Mailing Address 8735 Henderson Road		04 22 _2016 _
City	State Zip Code	Transaction ID : SA11AI.25315
Tampa	FL 33634	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	38.46
Name of Employer WellCare Health Plans, Inc.	Occupation health care	Memo Item
Receipt For:  Primary General  Other (specify)	Aggregate Year-to-Date ▼  307.68	
Full Name (Last, First, Middle Initial) Jason Hamilton		Date of Receipt
Mailing Address 8735 Henderson Road		05 06 2016
City	State Zip Code	Transaction ID : SA11AI.25729
Tampa	FL 33634	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	38.46
Name of Employer	Occupation	Memo Item
WellCare Health Plans, Inc.	health care	
Receipt For:  Primary  General  Other (specify)	Aggregate Year-to-Date ▼ 346.14	
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not be sold or used by any person for the purpose of soliciting contributions											

Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Jason Hamilton Date of Receipt Mailing Address 8735 Henderson Road 20 2016 City State Zip Code Transaction ID: SA11AI.25998 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 384.60 Other (specify) Full Name (Last, First, Middle Initial) B. Jason Hamilton Date of Receipt Mailing Address 8735 Henderson Road 06 03 2016 City Zip Code State Transaction ID: SA11AI.26132 FL 33634 Tampa Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 423.06 Other (specify)

Full Name (Last, First, Middle Initial)  Jason Hamilton		Date of Receipt
Mailing Address 8735 Henderson Road		06 17 2016
City	State Zip Code	Transaction ID : SA11AI.26406
Tampa	FL 33634	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	38.46
Name of Employer	Occupation	- Memo Item
WellCare Health Plans, Inc.	health care	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	461.52	

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Craig M. Hansen Date of Receipt Mailing Address 8735 Henderson Road 04 08 2016 City State Zip Code Transaction ID: SA11AI.25040 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Memo Item Name of Employer Occupation health care WellCare Health Plans, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 673.05 Other (specify) Full Name (Last, First, Middle Initial) B. Craig M. Hansen Date of Receipt Mailing Address 8735 Henderson Road 04 22 2016 City State Zip Code Transaction ID: SA11AI.25297 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 769,20 Full Name (Last, First, Middle Initial) c. Craig M. Hansen Date of Receipt Mailing Address 8735 Henderson Road 06 05 2016 City State Zip Code Transaction ID: SA11AI.25811 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 865.35 Other (specify) 288.45 SUBTOTAL of Receipts This Page (optional).....

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e PAC)								

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	Statements may not be sold or used by any pers e name and address of any political committee to	
NAME OF COMMITTEE (In Full)		
Wellcare Health Plans, Inc. PA	C (WellCare PAC)	
Full Name (Last, First, Middle Initial)  A. Craig M. Hansen		Date of Receipt
Mailing Address 8735 Henderson Road		M = M / D = D / Y = Y = Y
21		05 20 2016
City	State Zip Code FL 33634	Transaction ID : SA11AI.26075
Tampa	1 L 33034	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	96.15
Name of Employer	Occupation	Memo Item
WellCare Health Plans, Inc.	health care	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	961.50	
Full Name (Last, First, Middle Initial)  3. Craig M. Hansen		Date of Receipt
Mailing Address 8735 Henderson Road		Date of Receipt
		06 03 2016
City	State Zip Code	Transaction ID : SA11AI.26113
Tampa	FL 33634	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	96.15
·		Mama Itam
Name of Employer	Occupation	Memo Item
WellCare Health Plans, Inc.	health care	
Receipt For:  Primary  General	Aggregate Year-to-Date ▼	
Other (specify) ▼	1057.65	
Full Name (Last, First, Middle Initial)  C. Craig M. Hansen		Date of Receipt
Mailing Address 8735 Henderson Road		M = M / D = D / Y = Y = Y
City	State Zip Code	06 17 2016
Tampa	FL 33634	Transaction ID : SA11AI.26387  Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.		96.15
Name of Employer	Occupation	Memo Item
WellCare Health Plans, Inc.	health care	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1153.80	
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SUBTOTAL of Receipts This Page (optional)		288.45
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NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PA	AC (WellCare PAC)	
Full Name (Last, First, Middle Initial)  Dan M. Harrison  Mailing Address 8735 Henderson Road  City Tampa  FEC ID number of contributing federal political committee.  Name of Employer  WellCare Health Plans, Inc.  Receipt For:  Primary  General  Other (specify)	State Zip Code FL 33634  C  Occupation health care  Aggregate Year-to-Date ▼  230.76	Date of Receipt  04 08 2016  Transaction ID: SA11AI.25097  Amount of Each Receipt this Period  38.46  Memo Item
Full Name (Last, First, Middle Initial)  B. Dan M. Harrison  Mailing Address 8735 Henderson Road  City Tampa  FEC ID number of contributing federal political committee.  Name of Employer WellCare Health Plans, Inc.  Receipt For:  Primary General Other (specify)	State Zip Code FL 33634  C  Occupation health care  Aggregate Year-to-Date ▼  269.22	Date of Receipt  O4 22 2016  Transaction ID : SA11AI.25353  Amount of Each Receipt this Period  38.46  Memo Item
Full Name (Last, First, Middle Initial)  Dan M. Harrison  Mailing Address 8735 Henderson Road  City Tampa  FEC ID number of contributing federal political committee.  Name of Employer  WellCare Health Plans, Inc.  Receipt For:  Primary  Other (specify)	State Zip Code FL 33634  C  Occupation health care  Aggregate Year-to-Date ▼  307.68	Date of Receipt  M
SUBTOTAL of Receipts This Page (optional)		115.38
TOTAL This Period (last page this line numbe	r only)	

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_	EMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
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$\rangle$	NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (W	VellCare PAC)	
Δ.	Tampa  FEC ID number of contributing federal political committee.  Name of Employer  WellCare Health Plans, Inc.  Personal For:	State Zip Code FL 33634  cupation alth care gregate Year-to-Date   346.14	Date of Receipt  05 20 2016  Transaction ID: SA11Al.26042  Amount of Each Receipt this Period  38.46  Memo Item
3.	Tampa  FEC ID number of contributing federal political committee.  Name of Employer  WellCare Health Plans, Inc.	State Zip Code FL 33634  cupation alth care gregate Year-to-Date   384.60	Date of Receipt  06 03 2016  Transaction ID: SA11Al.26174  Amount of Each Receipt this Period  38.46  Memo Item
<b>D.</b>	Tampa  FEC ID number of contributing federal political committee.  Name of Employer  WellCare Health Plans, Inc.  Pagaint For:	State Zip Code FL 33634  cupation alth care gregate Year-to-Date   423.06	Date of Receipt  06 17 2016  Transaction ID: SA11Al.26447  Amount of Each Receipt this Period  38.46  Memo Item
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	d Statements may not be sold or used by any pers the name and address of any political committee t	
NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. P	AC (WellCare PAC)	
Full Name (Last, First, Middle Initial)  A. Merrill J. Hausenfluck  Mailing Address 8735 Henderson Road		Date of Receipt  04  08  2016
City Tampa	State Zip Code FL 33634	Transaction ID : SA11AI.25103  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	38.46
Name of Employer  WellCare Health Plans, Inc.  Receipt For:	Occupation health care  Aggregate Year-to-Date ▼	Memo Item
Primary General  Other (specify) ▼	269.22	
Full Name (Last, First, Middle Initial)  B. Merrill J. Hausenfluck  Mailing Address 9735 Handaren Band	•	Date of Receipt
Mailing Address 8735 Henderson Road  City	State Zip Code	04 22 2016 Transaction ID : SA11AI.25359
Татра	FL 33634	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	38.46
Name of Employer WellCare Health Plans, Inc.	Occupation health care	Memo Item
Receipt For:  □ Primary □ General  Other (specify) ▼	Aggregate Year-to-Date ▼ 307.68	
Full Name (Last, First, Middle Initial)  C. Merrill J. Hausenfluck		Date of Receipt
Mailing Address 8735 Henderson Road		05 06 _ 2016 _
City Tampa	State Zip Code FL 33634	Transaction ID : SA11AI.25782  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	38.46
Name of Employer WellCare Health Plans, Inc.	Occupation health care	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  346.14	
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NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PA	C (WellCare PAC)	
Full Name (Last, First, Middle Initial)  A. Merrill J. Hausenfluck  Mailing Address 8735 Henderson Road		Date of Receipt
City Tampa	State Zip Code FL 33634	05 20 2016  Transaction ID : SA11AI.26050  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer	Occupation	38.46 Memo Item
WellCare Health Plans, Inc.  Receipt For:  Primary General  Other (specify) ▼	health care  Aggregate Year-to-Date ▼  384.60	
Full Name (Last, First, Middle Initial)  Merrill J. Hausenfluck  Mailing Address 8735 Henderson Road		Date of Receipt
City Tampa FEC ID number of contributing	State Zip Code FL 33634	06 03 2016  Transaction ID : SA11AI.26183  Amount of Each Receipt this Period  38.46
federal political committee.  Name of Employer WellCare Health Plans, Inc.  Receipt For:  Primary  General  Other (specify) ▼	Occupation health care  Aggregate Year-to-Date ▼  423.06	Memo Item
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City Tampa	State Zip Code FL 33634	Transaction ID : SA11AI.26455  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	38.46 Memo Item
Name of Employer  WellCare Health Plans, Inc.  Receipt For:  Primary General  Other (specify) ▼	Occupation health care  Aggregate Year-to-Date ▼  461.52	wellio itelii
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NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PA		
Full Name (Last, First, Middle Initial) Christine M. Hayes  Mailing Address 8735 Henderson Road		Date of Receipt
City Tampa FEC ID number of contributing	State Zip Code FL 33634	O6 03 2016  Transaction ID : SA11AI.26208  Amount of Each Receipt this Period  19.23
federal political committee.  Name of Employer  WellCare Health Plans, Inc.  Receipt For:  Primary General  Other (specify) ▼	Occupation health care  Aggregate Year-to-Date ▼  211.53	Memo Item
Full Name (Last, First, Middle Initial)  Christine M. Hayes  Mailing Address 8735 Henderson Road  City Tampa  FEC ID number of contributing federal political committee.  Name of Employer WellCare Health Plans, Inc.  Receipt For:  Primary General Other (specify)	State Zip Code FL 33634  C  Occupation health care  Aggregate Year-to-Date ▼  230.76	Date of Receipt  06 17 2016  Transaction ID: SA11Al.26482  Amount of Each Receipt this Period  19.23  Memo Item
Full Name (Last, First, Middle Initial)  Maurice Hebert  Mailing Address 8735 Henderson Road  City Tampa  FEC ID number of contributing federal political committee.  Name of Employer  WellCare Health Plans, Inc.  Receipt For:  Primary General Other (specify)	State Zip Code FL 33634  C  Occupation health care  Aggregate Year-to-Date ▼  673.05	Date of Receipt  M M M M M M M M M M M M M M M M M M M
SUBTOTAL of Receipts This Page (optional)	<b>•</b>	134.61
TOTAL This Period (last page this line number	only)	

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Maurice Hebert Date of Receipt Mailing Address 8735 Henderson Road 04 2016 City State Zip Code Transaction ID: SA11AI.25283 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 769.20 Other (specify) Full Name (Last, First, Middle Initial) B. Maurice Hebert Date of Receipt Mailing Address 8735 Henderson Road 05 06 2016 City State Zip Code Transaction ID: SA11AI.25797 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 865.35 Full Name (Last, First, Middle Initial) c. Quinn A. Henderson Date of Receipt Mailing Address 8735 Henderson Road 80 04 2016 City State Zip Code Transaction ID: SA11AI.25085 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing С 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 269.22 Other (specify) 230.76 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Quinn A. Henderson Date of Receipt Mailing Address 8735 Henderson Road 04 2016 City State Zip Code Transaction ID: SA11AI.25341 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Memo Item Name of Employer Occupation health care WellCare Health Plans, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 307.68 Other (specify) Full Name (Last, First, Middle Initial) B. Quinn A. Henderson Date of Receipt Mailing Address 8735 Henderson Road 05 06 2016 City State Zip Code Transaction ID: SA11AI.25757 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 346,14 Full Name (Last, First, Middle Initial) c. Quinn A. Henderson Date of Receipt Mailing Address 8735 Henderson Road 20 05 2016 City State Zip Code Transaction ID: SA11AI.26027 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Memo Item Name of Employer Occupation

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384.60

health care

Aggregate Year-to-Date ▼

WellCare Health Plans, Inc.

Other (specify)

General

Receipt For:

Primary

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NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. P.	AC (WellCar	e PAC)								
Full Name (Last, First, Middle Initial)  Quinn A. Henderson  Mailing Address 8735 Henderson Road					Date of	Rece	eipt	/ V	Y	v
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Name of Employer WellCare Health Plans, Inc.	Occupation health care				Mem	no Ite	m			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Y	ear-to-Date ▼	423.06							
Full Name (Last, First, Middle Initial)  3. Quinn A. Henderson  Mailing Address 8735 Henderson Road				_ [	Date of	Rece	eipt	/ Y	Y	Y
City Tampa	State FL	Zip Code 33634					17 n ID : SA ach Rec			_
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Primary General Other (specify) ▼	Aggregate	ear-to-bate V	461.52							
Full Name (Last, First, Middle Initial)  C. Johanna Herrmann					Date of	Rece	eipt			
Mailing Address 8735 Henderson Road					M M M	/	03	L	2016	Y
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Name of Employer WellCare Health Plans, Inc.	Occupation health care			ا ا	Mem	no Ite	em			
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$\rangle$	Wellcare Health Plans, Inc. PAC	(WellCare F	PAC)	
Δ.	Full Name (Last, First, Middle Initial) Johanna Herrmann  Mailing Address 8735 Henderson Road  City Tampa  FEC ID number of contributing federal political committee.  Name of Employer  WellCare Health Plans, Inc.  Receipt For:  Primary General Other (specify)	Zip Code 33634 to-Date ▼	Date of Receipt    M	
3.	Full Name (Last, First, Middle Initial)  Troy Hildreth  Mailing Address 8735 Henderson Road  City		Zip Code	Date of Receipt  O4  O8  Transaction ID: SA11AI.25099
	WellCare Health Plans, Inc.	C Description Desc	to-Date ▼ 269.22	Amount of Each Receipt this Period  38.46  Memo Item
C.	WellCare Health Plans, Inc.		Zip Code 33634 to-Date ▼	Date of Receipt  O4
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Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and address of any political committee to solicit contributions from NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Troy Hildreth Date of Receipt Mailing Address 8735 Henderson Road 06 2016 City State Zip Code Transaction ID: SA11AI.25778 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 346.14 Other (specify) Full Name (Last, First, Middle Initial) **B.** Troy Hildreth Date of Receipt Mailing Address 8735 Henderson Road 05 20 2016 City State Zip Code Transaction ID: SA11AI.26046 FL 33634 Tampa Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 384,60 Full Name (Last, First, Middle Initial) c. Troy Hildreth Date of Receipt Mailing Address 8735 Henderson Road 03 06 2016 City State Zip Code Transaction ID: SA11AI.26179 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 423.06 Other (specify) 115.38 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Name of Employ	yer	Occupation	- Memo Item							
WellCare Health	Plans, Inc.	health care								
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Full Name (Last B. William Hins	r, First, Middle Initial)		Date of Receipt							
	8735 Henderson Road		M M / D D / Y Y Y							
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Name of Employ	yer	Occupation	Memo Item							
WellCare Health	Plans, Inc.	health care								
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Primary	General									
Other (spe	ecify) 🔻	269,22								
Full Name (Last C. William Hin	r, First, Middle Initial)		Date of Receipt							
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City		State Zip Code	04 22 2016							
Tampa		FL 33634	Transaction ID : SA11AI.25358  Amount of Each Receipt this Period							
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Name of Employ		Occupation	L Memortem							
WellCare Health	Plans, Inc.	health care								
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) William Hinsdale Date of Receipt Mailing Address 8735 Henderson Road 06 2016 City State Zip Code Transaction ID: SA11AI.25781 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans. Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 346.14 Other (specify) Full Name (Last, First, Middle Initial) B. William Hinsdale Date of Receipt Mailing Address 8735 Henderson Road 05 20 2016 City State Zip Code Transaction ID: SA11AI.26049 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 384,60 Full Name (Last, First, Middle Initial) c. William Hinsdale Date of Receipt Mailing Address 8735 Henderson Road 03 06 2016 City State Zip Code Transaction ID: SA11AI.26182 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care

115.38 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PA	C (WellCa	are PAC)								
Full Name (Last, First, Middle Initial)  A. William Hinsdale					Date of	Recei	ipt			
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Full Name (Last, First, Middle Initial)  3. John J. Hofstetter					Date of	Recei	ipt			
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City Tampa	State FL	Zip Code 33634						11AI.262 eipt this	278	_
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Full Name (Last, First, Middle Initial)  C. John J. Hofstetter					Date of	Recei	int			
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City Tampa	State FL	Zip Code 33634			Trans		ID : SA	11AI.26	552	
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

or for commercial purposes, other than using the	te name and address of any political committee to	5 SOUGH COMMIDUATIONS TROM SUCH COMMITTEE.
NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PA	AC (WellCare PAC)	
Full Name (Last, First, Middle Initial) Christopher H. Horan Mailing Address 8735 Henderson Road  City Tampa  FEC ID number of contributing	State Zip Code FL 33634	Date of Receipt  06 03 2016  Transaction ID: SA11AI.26243  Amount of Each Receipt this Period
federal political committee.  Name of Employer  WellCare Health Plans, Inc.  Receipt For:  □ Primary □ General  Other (specify) ▼	Occupation health care  Aggregate Year-to-Date   211.53	Memo Item
Full Name (Last, First, Middle Initial)  Christopher H. Horan  Mailing Address 8735 Henderson Road  City  Tampa  FEC ID number of contributing federal political committee.  Name of Employer  WellCare Health Plans, Inc.  Receipt For:  Primary  General  Other (specify)	State Zip Code FL 33634  C  Occupation health care  Aggregate Year-to-Date ▼  230.76	Date of Receipt  06 17 2016  Transaction ID : SA11Al.26516  Amount of Each Receipt this Period  19.23  Memo Item
Full Name (Last, First, Middle Initial)  Laura Hungiville  Mailing Address 8735 Henderson Road  City Tampa  FEC ID number of contributing federal political committee.  Name of Employer  WellCare Health Plans, Inc.  Receipt For:  Primary General Other (specify)	State Zip Code FL 33634  C  Occupation health care  Aggregate Year-to-Date ▼  673.05	Date of Receipt  04  08  2016  Transaction ID: SA11AI.25041  Amount of Each Receipt this Period  96.15  Memo Item
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Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and add NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Laura Hungiville Date of Receipt Mailing Address 8735 Henderson Road 04 2016 22 City State Zip Code Transaction ID: SA11AI.25298 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 769.20 Other (specify) Full Name (Last, First, Middle Initial) B. Laura Hungiville Date of Receipt Mailing Address 8735 Henderson Road 05 06 2016 City State Zip Code Transaction ID: SA11AI.25813 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 865.35 Full Name (Last, First, Middle Initial) c. Laura Hungiville Date of Receipt Mailing Address 8735 Henderson Road 20 05 2016 Zip Code City State Transaction ID: SA11AI.26077 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 961.50 Other (specify) 288.45 SUBTOTAL of Receipts This Page (optional).....

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	NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAG	C (WellCare PAC)	
Α.	Full Name (Last, First, Middle Initial) Laura Hungiville  Mailing Address 8735 Henderson Road		Date of Receipt
	City Tampa	State Zip Code FL 33634	06 03 2016  Transaction ID : SA11Al.26115
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period  96.15
	Name of Employer WellCare Health Plans, Inc. Receipt For:	Occupation health care	Memo Item
	Primary General Other (specify) ▼	Aggregate Year-to-Date ▼  1057.65	
В.	Full Name (Last, First, Middle Initial)  Laura Hungiville  Mailing Address 9795 Handards Board		Date of Receipt
	Mailing Address 8735 Henderson Road  City	State Zip Code FL 33634	06 17 2016 Transaction ID : SA11AI.26389
	Tampa  FEC ID number of contributing federal political committee.	FL 33634	Amount of Each Receipt this Period  96.15
	Name of Employer WellCare Health Plans, Inc.	Occupation health care	Memo Item
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  1153.80	
<del>С</del> .	Full Name (Last, First, Middle Initial)  Marlene Hyman		Date of Receipt
	Mailing Address 8735 Henderson Road		06 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Tampa	State Zip Code FL 33634	Transaction ID : SA11AI.26232  Amount of Each Receipt this Period
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	Name of Employer WellCare Health Plans, Inc.	Occupation health care	Memo Item
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  211.53	
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Any information copied from such Reports and Statements may not be sold or used by or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Marlene Hyman Date of Receipt Mailing Address 8735 Henderson Road 2016 City State Zip Code Transaction ID: SA11AI.26506 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans. Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 230.76 Other (specify) Full Name (Last, First, Middle Initial) B. Goran Jankovic Date of Receipt Mailing Address 8735 Henderson Road 04 80 2016 City State Zip Code Transaction ID: SA11AI.25107 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 269,22 Full Name (Last, First, Middle Initial) **c.** Goran Jankovic Date of Receipt Mailing Address 8735 Henderson Road 22 04 2016 City State Zip Code Transaction ID: SA11AI.25363 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 307.68 Other (specify) 96.15 SUBTOTAL of Receipts This Page (optional).....

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Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Goran Jankovic Date of Receipt Mailing Address 8735 Henderson Road 06 2016 City State Zip Code Transaction ID: SA11AI.25786 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans. Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 346.14 Other (specify) Full Name (Last, First, Middle Initial) B. Goran Jankovic Date of Receipt Mailing Address 8735 Henderson Road 05 20 2016 City State Zip Code Transaction ID: SA11AI.26054 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 384,60 Full Name (Last, First, Middle Initial) **c.** Goran Jankovic Date of Receipt Mailing Address 8735 Henderson Road 03 06 2016 City State Zip Code Transaction ID: SA11AI.26187 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 423.06 Other (specify) 115.38 SUBTOTAL of Receipts This Page (optional).....

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

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$\rangle$	NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC	(WellCare PAC)				
۹.	Full Name (Last, First, Middle Initial) Goran Jankovic  Mailing Address 8735 Henderson Road	Date of Receipt				
	City Tampa  FEC ID number of contributing federal political committee.  Name of Employer  WellCare Health Plans, Inc.  Receipt For:  Primary General  Other (specify)	State Zip Code FL 33634  C  Occupation health care  Aggregate Year-to-Date ▼  461.52	Transaction ID: SA11AI.26459  Amount of Each Receipt this Period  38.46  Memo Item			
3.	Full Name (Last, First, Middle Initial) Hermilo O. Jazmines  Mailing Address 8735 Henderson Road  City Tampa  FEC ID number of contributing federal political committee.  Name of Employer WellCare Health Plans, Inc.  Receipt For:  Primary General Other (specify)	State Zip Code FL 33634  C  Occupation health care  Aggregate Year-to-Date ▼  673.05	Date of Receipt  M M M / 08 2016  Transaction ID: SA11Al.25049  Amount of Each Receipt this Period  96.15  Memo Item			
С.	Full Name (Last, First, Middle Initial) Hermilo O. Jazmines  Mailing Address 8735 Henderson Road  City Tampa  FEC ID number of contributing federal political committee.  Name of Employer  WellCare Health Plans, Inc.  Receipt For:  Primary General Other (specify)	State Zip Code FL 33634  C  Occupation health care  Aggregate Year-to-Date ▼  769.20	Date of Receipt  M			
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$\rangle$	NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC	(WellCa	re PAC)	
Α.	Full Name (Last, First, Middle Initial) Hermilo O. Jazmines  Mailing Address 8735 Henderson Road  City Tampa  FEC ID number of contributing federal political committee.  Name of Employer  WellCare Health Plans, Inc.  Receipt For:  Primary General Other (specify)  Other (specify)	State FL  C  Occupation health care Aggregate	Zip Code 33634 Year-to-Date ▼	Date of Receipt    M
В.	Full Name (Last, First, Middle Initial)  Hermilo O. Jazmines  Mailing Address 8735 Henderson Road  City  Tampa  FEC ID number of contributing federal political committee.  Name of Employer  WellCare Health Plans, Inc.  Receipt For:  Primary  General  Other (specify)	State FL  C  Occupation health care Aggregate	Zip Code 33634 Year-to-Date ▼	Date of Receipt    M
C.	Full Name (Last, First, Middle Initial) Hermilo O. Jazmines  Mailing Address 8735 Henderson Road  City Tampa  FEC ID number of contributing federal political committee.  Name of Employer  WellCare Health Plans, Inc.  Receipt For:  Primary General Other (specify)	State FL  C  Occupation health care Aggregate	Zip Code 33634 Year-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wolleage Hoalth Plans, Inc. PAC (WollCare PAC)

Wellcare Health Plans, Inc. PA	C (WellCare PAC)						
Full Name (Last, First, Middle Initial)  Hermilo O. Jazmines		Date of Receipt					
Mailing Address 8735 Henderson Road		06 17 2016					
City	State Zip Code	Transaction ID : SA11AI.26397					
Tampa	FL 33634	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	96.15					
Name of Employer	Occupation	Memo Item					
WellCare Health Plans, Inc.	health care						
Receipt For: Primary General	Aggregate Year-to-Date ▼						
Other (specify) ▼	1153.80						
Full Name (Last, First, Middle Initial)  Manuel C. Jimenez		Date of Receipt					
Mailing Address 8735 Henderson Road		06 03 2016					
City	State Zip Code	Transaction ID : SA11AI.26257					
Tampa	FL 33634	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	19.23					
Name of Employer	Occupation	Memo Item					
WellCare Health Plans, Inc.	health care						
Receipt For:	Aggregate Year-to-Date ▼						
Primary General							
Other (specify) ▼	211,53						
Full Name (Last, First, Middle Initial)  Manuel C. Jimenez		Date of Receipt					
Mailing Address 8735 Henderson Road		06 17 2016					
City	State Zip Code	Transaction ID : SA11AI.26530					
Tampa	FL 33634	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	19.23					
Name of Employer	Occupation	Memo Item					
WellCare Health Plans, Inc.	health care						
Receipt For:	Aggregate Year-to-Date ▼						
Primary General Other (specify) ▼	230.76						
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NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC	(WellCare PAC)							
Full Name (Last, First, Middle Initial)  Walter C. Johnson  Mailing Address 8735 Henderson Road  City Tampa  FEC ID number of contributing federal political committee.  Name of Employer  WellCare Health Plans, Inc.  Receipt For:  Primary  Other (specify)   First Middle Initial)	State Zip Code FL 33634  C  Occupation health care  Aggregate Year-to-Date ▼  269.22	Date of Receipt  O4						
Full Name (Last, First, Middle Initial)  Walter C. Johnson  Mailing Address 8735 Henderson Road  City Tampa  FEC ID number of contributing federal political committee.  Name of Employer WellCare Health Plans, Inc.  Receipt For:  Primary General Other (specify) ▼	State Zip Code FL 33634  C  Occupation health care  Aggregate Year-to-Date ▼  307.68	Date of Receipt  O4 22 2016  Transaction ID: SA11AI.25318  Amount of Each Receipt this Period  38.46  Memo Item						
Full Name (Last, First, Middle Initial)  Walter C. Johnson  Mailing Address 8735 Henderson Road  City Tampa  FEC ID number of contributing federal political committee.  Name of Employer  WellCare Health Plans, Inc.  Receipt For:  Primary General Other (specify)	State Zip Code FL 33634  C  Occupation health care  Aggregate Year-to-Date ▼  346.14	Date of Receipt    05						
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	y information copied from such Reports and State for commercial purposes, other than using the na			
$\rangle$	NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (	WellCare P	AC)	
	WellCare Health Plans, Inc.		D Code 3634 -Date ▼ 384.60	Date of Receipt  05 20 2016  Transaction ID : SA11AI.26001  Amount of Each Receipt this Period  38.46  Memo Item
	WellCare Health Plans, Inc.		D Code 6634 Date ▼ 423.06	Date of Receipt  06 03 2016  Transaction ID: SA11Al.26135  Amount of Each Receipt this Period  38.46  Memo Item
	WellCare Health Plans, Inc.		D Code 9634 -Date ▼ 461.52	Date of Receipt  06 17 2016  Transaction ID: SA11Al.26409  Amount of Each Receipt this Period  38.46  Memo Item
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Other (specify)

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### SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Jacqueline M. Jones Date of Receipt Mailing Address 8735 Henderson Road 03 2016 City State Zip Code Transaction ID: SA11AI.26307 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 211.53 Other (specify) Full Name (Last, First, Middle Initial) B. Jacqueline M. Jones Date of Receipt Mailing Address 8735 Henderson Road 06 2016 17 City State Zip Code Transaction ID: SA11AI.26580 FL 33634 Tampa Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General

	, , , , , , , , , , , , , , , , , , , ,	
Full Name (Last, First, Middle Initial) Laura A. Jones		Date of Receipt
Mailing Address 8735 Henderson Road		04 08 2016
City	State Zip Code	Transaction ID : SA11AI.25104
Tampa	FL 33634	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	38.46
Name of Employer	Occupation	Memo Item
WellCare Health Plans, Inc.	health care	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	269.22	

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FOR LINE NUMBER: PAGE 124 OF 258 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Laura A. Jones Date of Receipt Mailing Address 8735 Henderson Road 04 2016 City State Zip Code Transaction ID: SA11AI.25360 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 307.68 Other (specify) Full Name (Last, First, Middle Initial) B. Laura A. Jones Date of Receipt Mailing Address 8735 Henderson Road 05 06 2016 City State Zip Code Transaction ID: SA11AI.25783 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 346,14 Full Name (Last, First, Middle Initial) c. Laura A. Jones Date of Receipt Mailing Address 8735 Henderson Road 20 05 2016 City State Zip Code Transaction ID: SA11AI.26051 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing С 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 384.60 Other (specify) 115.38 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCa	are PAC)	
Primary General Other (specify) ▼		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial)  B. Laura A. Jones  Mailing Address 8735 Henderson Road  City State Tampa FL  FEC ID number of contributing federal political committee.  Name of Employer WellCare Health Plans, Inc.  Receipt For:  Primary General Other (specify) ▼  Aggregate		Date of Receipt  06 17 2016  Transaction ID: SA11Al.26456  Amount of Each Receipt this Period  38.46  Memo Item
Full Name (Last, First, Middle Initial)  Paul Kensicki  Mailing Address 8735 Henderson Road  City State Tampa FL  FEC ID number of contributing federal political committee.  Name of Employer WellCare Health Plans, Inc.  Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  C  State FL  C  Aggregate		Date of Receipt  04  08  2016  Transaction ID: SA11AI.25033  Amount of Each Receipt this Period  96.15  Memo Item
SUBTOTAL of Receipts This Page (optional)	·····	173.07

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	y information copied from such Reports and State for commercial purposes, other than using the national states.			
$\rangle$	NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (	WellCa	re PAC)	
Δ.		State FL  Coccupation	Zip Code 33634	Date of Receipt  04 22 2016  Transaction ID: SA11AI.25290  Amount of Each Receipt this Period  96.15  Memo Item
	WellCare Health Plans, Inc. he	ealth care	Year-to-Date ▼ 769.20	
3.	Full Name (Last, First, Middle Initial) Paul Kensicki Mailing Address 8735 Henderson Road			Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Tampa  FEC ID number of contributing federal political committee.	State FL	Zip Code 33634	Transaction ID : SA11AI.25804  Amount of Each Receipt this Period  96.15
	WellCare Health Plans, Inc.	Occupation ealth care Aggregate	Year-to-Date ▼ 865.35	Memo Item
С.	Full Name (Last, First, Middle Initial) Paul Kensicki Mailing Address 8735 Henderson Road			Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Tampa  FEC ID number of contributing federal political committee.  Name of Employer  WellCare Health Plans, Inc.	State FL  Occupation ealth care	Zip Code 33634 Year-to-Date ▼	Transaction ID: SA11AI.26068  Amount of Each Receipt this Period  96.15  Memo Item
s	UBTOTAL of Receipts This Page (optional)		<b></b>	288.45
Т	OTAL This Period (last page this line number only	y)		

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NAME OF COMMITTEE (In Full)  Wellcare Health Plans, Inc. PAC	C (WellCa	re PAC)								
Full Name (Last, First, Middle Initial)  • Paul Kensicki					Date of	Rec	eint			
Mailing Address 8735 Henderson Road						_	03	/ Y	2016	Y
City Tampa	State FL	Zip Code 33634	9				n ID : Sa ach Red			
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Name of Employer WellCare Health Plans, Inc.	Occupation health care				Mer	no Ite	em			
Receipt For: Primary General Other (specify)		Year-to-Date	105	7.65						
Full Name (Last, First, Middle Initial)  3. Paul Kensicki					Date of	Rec	eipt			
Mailing Address 8735 Henderson Road					06	/	17	/ Y	2016	Y
City Tampa	State FL	Zip Code 33634	•				n ID : SA			
FEC ID number of contributing federal political committee.	С				Mor	mo Ite		7	96.1	5
Name of Employer WellCare Health Plans, Inc.	Occupation health care				Iviei	iiio ite	:111			
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date		3.80						
Full Name (Last, First, Middle Initial)  C. Janet H. Kimbrough					Date of	Rec	eipt			
Mailing Address 8735 Henderson Road					M = M 06	_	03	/ Y	2016	Y
City Tampa	State FL	Zip Code 33634	)		Trans		n ID : S		6239	
FEC ID number of contributing federal political committee.	C					. ,		7	19.2	3
Name of Employer	Occupation				Mer	mo Ite	em			
WellCare Health Plans, Inc. Receipt For:	health care	Voor to Doto 1								
Primary General Other (specify) ▼	Aggregate	Year-to-Date		1.53						
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Janet H. Kimbrough Date of Receipt Mailing Address 8735 Henderson Road 2016 City State Zip Code Transaction ID: SA11AI.26513 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 230.76 Other (specify) Full Name (Last, First, Middle Initial) B. Thomas M. Kincaid Date of Receipt Mailing Address 8735 Henderson Road 05 20 2016 City State Zip Code Transaction ID: SA11AI.25992 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 20.83 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 208.30 Full Name (Last, First, Middle Initial) c. Thomas M. Kincaid Date of Receipt Mailing Address 8735 Henderson Road 03 06 2016 Zip Code City State Transaction ID: SA11AI.26194 FL Tampa 33634 Amount of Each Receipt this Period

Other (specify) ▼	229.13				
SUBTOTAL of Receipts This Page (optional)	1	7	60.89		
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C

Occupation

health care

Aggregate Year-to-Date ▼

FEC ID number of contributing

federal political committee.

WellCare Health Plans, Inc.

General

Name of Employer

Primary

Receipt For:

20.83

Memo Item

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Any information copied from such Reports and Statements may not be sold or used by or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Thomas M. Kincaid Date of Receipt Mailing Address 8735 Henderson Road 2016 City State Zip Code Transaction ID: SA11AI.26467 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 20.83 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans. Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 249.96 Other (specify) Full Name (Last, First, Middle Initial) B. Sharon L. King Date of Receipt Mailing Address 8735 Henderson Road 06 03 2016 City State Zip Code Transaction ID: SA11AI.26279 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 211.53 Full Name (Last, First, Middle Initial) c. Sharon L. King Date of Receipt Mailing Address 8735 Henderson Road 17 06 2016 City State Zip Code Transaction ID: SA11AI.26553 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 230.76 Other (specify) 59.29 SUBTOTAL of Receipts This Page (optional).....

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NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC	(WellCare PAC)	
WellCare Health Plans, Inc.  Receipt For:  Primary General  Other (specify) ▼	State Zip Code FL 33634  C  Occupation health care  Aggregate Year-to-Date ▼  673.05	Date of Receipt  M M M
WallCara Haalth Plana Ina	State Zip Code FL 33634  C  Occupation health care  Aggregate Year-to-Date ▼  769.20	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
, ,	State Zip Code FL 33634  C  Occupation health care  Aggregate Year-to-Date ▼  865.35	Date of Receipt    Mark   Date   2016   2016     Transaction ID : SA11Al.25805     Amount of Each Receipt this Period   96.15     Memo Item   Memo Item   Pariod   Pa
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Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) John J. Kirchner Date of Receipt Mailing Address 8735 Henderson Road 20 2016 City State Zip Code Transaction ID: SA11AI.26069 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans. Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 961.50 Other (specify) Full Name (Last, First, Middle Initial) B. John J. Kirchner Date of Receipt Mailing Address 8735 Henderson Road 06 03 2016 City State Zip Code Transaction ID: SA11AI.26107 FL 33634 Tampa Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1057.65 Full Name (Last, First, Middle Initial) c. John J. Kirchner Date of Receipt Mailing Address 8735 Henderson Road 06 17 2016 City State Zip Code Transaction ID: SA11AI.26381 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1153.80 Other (specify) 288.45 SUBTOTAL of Receipts This Page (optional).....

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not be sold or used by any person for the purpose of soliciting contributions									

Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Lisa L. Knowles-Spruell Date of Receipt Mailing Address 8735 Henderson Road 04 08 2016 City State Zip Code Transaction ID: SA11AI.25084 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans. Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 230.76 Other (specify) Full Name (Last, First, Middle Initial) B. Lisa L. Knowles-Spruell Date of Receipt Mailing Address 8735 Henderson Road 04 22 2016 City State Zip Code Transaction ID: SA11AI.25340 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 269,22 Full Name (Last, First, Middle Initial) c. Lisa L. Knowles-Spruell Date of Receipt Mailing Address 8735 Henderson Road 06 05 2016 City State Zip Code Transaction ID: SA11AI.25756 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 307.68 Other (specify) 115.38 SUBTOTAL of Receipts This Page (optional).....

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or for commercial purposes, other than using	the name and address of any political committee to	5 SOUCH COMMIDULIONS FROM SUCH COMMINUTE.
NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. P.	AC (WellCare PAC)	
Full Name (Last, First, Middle Initial)  Lisa L. Knowles-Spruell  Mailing Address 8735 Henderson Road		Date of Receipt
City	State Zip Code	05 20 2016 Transaction ID : SA11Al.26026
Tampa	FL 33634	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	38.46
Name of Employer	Occupation	Memo Item
WellCare Health Plans, Inc.	health care	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 346.14	
Full Name (Last, First, Middle Initial)  3. Lisa L. Knowles-Spruell		Date of Receipt
Mailing Address 8735 Henderson Road		06 03 2016
City	State Zip Code	Transaction ID : SA11AI.26159
Tampa	FL 33634	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	38.46
Name of Employer WellCare Health Plans, Inc.	Occupation health care	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  384.60	
Full Name (Last, First, Middle Initial)  Lisa L. Knowles-Spruell		Date of Receipt
Mailing Address 8735 Henderson Road		06 17 2016
City	State Zip Code	Transaction ID : SA11AI.26432
Tampa	FL 33634	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	38.46
Name of Employer	Occupation	Memo Item
WellCare Health Plans, Inc.	health care	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	423.06	
SUBTOTAL of Receipts This Page (optional)	<u> </u>	115.38
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not be sold or used by any person for the purpose of soliciting contributions											

Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Stephan Korda Date of Receipt Mailing Address 8735 Henderson Road 03 2016 City State Zip Code Transaction ID: SA11AI.26300 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans. Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 211.53 Other (specify) Full Name (Last, First, Middle Initial) B. Stephan Korda Date of Receipt Mailing Address 8735 Henderson Road 06 17 2016 City State Zip Code Transaction ID: SA11AI.26574 FL 33634 Tampa Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 230.76 Full Name (Last, First, Middle Initial) c. Roman T. Kulich Date of Receipt Mailing Address 8735 Henderson Road 80 04 2016 City State Zip Code Transaction ID: SA11AI.25035 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 673.05 Other (specify)

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Roman T. Kulich Date of Receipt Mailing Address 8735 Henderson Road 04 2016 City State Zip Code Transaction ID: SA11AI.25292 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans. Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 769.20 Other (specify) Full Name (Last, First, Middle Initial) B. Roman T. Kulich Date of Receipt Mailing Address 8735 Henderson Road 05 06 2016 City State Zip Code Transaction ID: SA11AI.25806 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 865.35 Full Name (Last, First, Middle Initial) c. Roman T. Kulich Date of Receipt Mailing Address 8735 Henderson Road 20 05 2016 City State Zip Code Transaction ID: SA11AI.26070 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General

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Other (specify)

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Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Roman T. Kulich Date of Receipt Mailing Address 8735 Henderson Road 03 2016 City State Zip Code Transaction ID: SA11AI.26108 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans. Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1057.65 Other (specify) Full Name (Last, First, Middle Initial) B. Roman T. Kulich Date of Receipt Mailing Address 8735 Henderson Road 06 17 2016 City State Zip Code Transaction ID: SA11AI.26382 FL 33634 Tampa Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1153.80 Full Name (Last, First, Middle Initial) **c.** Jeffry P. Lannigan Date of Receipt Mailing Address 8735 Henderson Road 80 04 2016 City State Zip Code Transaction ID: SA11AI.25050 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 673.05 Other (specify) 288.45 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC	(WellCare PAC)	
Full Name (Last, First, Middle Initial)  Jeffry P. Lannigan  Mailing Address 8735 Henderson Road  City Tampa  FEC ID number of contributing federal political committee.  Name of Employer  WellCare Health Plans, Inc.  Receipt For:  Primary  Other (specify)	State Zip Code FL 33634  C  Occupation health care  Aggregate Year-to-Date ▼  769.20	Date of Receipt  04 22 2016  Transaction ID: SA11Al.25307  Amount of Each Receipt this Period  96.15  Memo Item
Full Name (Last, First, Middle Initial)  Jeffry P. Lannigan  Mailing Address 8735 Henderson Road  City  Tampa  FEC ID number of contributing federal political committee.  Name of Employer  WellCare Health Plans, Inc.  Receipt For:  Primary  General  Other (specify) ▼	State Zip Code FL 33634  C  Occupation health care  Aggregate Year-to-Date ▼  865.35	Date of Receipt  05 06 2016  Transaction ID : SA11AI.25822  Amount of Each Receipt this Period  96.15  Memo Item
Full Name (Last, First, Middle Initial)  C. Jeffry P. Lannigan  Mailing Address 8735 Henderson Road  City Tampa  FEC ID number of contributing federal political committee.  Name of Employer  WellCare Health Plans, Inc.  Receipt For:  Primary General Other (specify)	State Zip Code FL 33634  C  Occupation health care  Aggregate Year-to-Date ▼  961.50	Date of Receipt  05 20 2016  Transaction ID: SA11Al.26086  Amount of Each Receipt this Period  96.15  Memo Item
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В.

General

#### SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Ladonna Y. Latney-Battle Date of Receipt Mailing Address 8735 Henderson Road 2016 City State Zip Code Transaction ID: SA11AI.26487 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼

Other (specify) ▼	230.76	
Full Name (Last, First, Middle Initial) Jessica Lincoln		Date of Receipt
Mailing Address 8735 Henderson Road		06 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.26262
Tampa	FL 33634	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	19.23
Name of Employer WellCare Health Plans, Inc.	Occupation health care	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  211.53	

230.76

Full Name (Last, First, Middle Initial) **c.** Jessica Lincoln Date of Receipt Mailing Address 8735 Henderson Road 17 2016 06 City State Zip Code Transaction ID: SA11AI.26535 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General

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not be sold or used by any person for the purpose of soliciting contributions											

ITEMIZED RECEIPTS Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Luke C. Lovgren Date of Receipt Mailing Address 8735 Henderson Road 03 2016 City State Zip Code Transaction ID: SA11AI.26204 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans. Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 211.53 Other (specify) Full Name (Last, First, Middle Initial) B. Luke C. Lovgren Date of Receipt Mailing Address 8735 Henderson Road 06 17 2016 City State Zip Code Transaction ID: SA11AI.26478 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 230.76 Full Name (Last, First, Middle Initial) c. Pam A. Lyons-Taylor Date of Receipt Mailing Address 8735 Henderson Road 80 04 2016 City State Zip Code Transaction ID: SA11AI.25048 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 673.05 Other (specify) 134.61 SUBTOTAL of Receipts This Page (optional).....

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	ME OF COMMITTEE (In Full) ellcare Health Plans, Inc. PAC	(WellCa	re PAC)	
Mai	Name (Last, First, Middle Initial) am A. Lyons-Taylor ling Address 8735 Henderson Road mpa	State FL	Zip Code 33634	Date of Receipt  04 22 2016  Transaction ID: SA11AI.25305  Amount of Each Receipt this Period
fede Nar We	C ID number of contributing eral political committee.  me of Employer  IlCare Health Plans, Inc.  ceipt For:  Primary  Other (specify)	Occupation health care Aggregate	Year-to-Date ▼  769.20	96.15  Memo Item
Mai City Tar	Name (Last, First, Middle Initial) am A. Lyons-Taylor ling Address 8735 Henderson Road mpa C ID number of contributing	State FL	Zip Code 33634	Date of Receipt    M
fede Nar Wel	eral political committee.  me of Employer ClCare Health Plans, Inc.  ceipt For:  Primary  General  Other (specify)	Occupation health care Aggregate	Year-to-Date ▼  865.35	96.15  Memo Item
C. Pa	Name (Last, First, Middle Initial) am A. Lyons-Taylor  ling Address 8735 Henderson Road  mpa  C ID number of contributing eral political committee.  me of Employer  IlCare Health Plans, Inc.  ceipt For:  Primary  General  Other (specify)	State FL  C  Occupation health care Aggregate	Zip Code 33634 Year-to-Date ▼	Date of Receipt  05 20 2016  Transaction ID : SA11Al.26084  Amount of Each Receipt this Period  96.15  Memo Item
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ITEMIZED RECEIPTS Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Pam A. Lyons-Taylor Date of Receipt Mailing Address 8735 Henderson Road 03 2016 City State Zip Code Transaction ID: SA11AI.26122 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans. Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1057.65 Other (specify) Full Name (Last, First, Middle Initial) B. Pam A. Lyons-Taylor Date of Receipt Mailing Address 8735 Henderson Road 06 17 2016 City State Zip Code Transaction ID: SA11AI.26396 FL 33634 Tampa Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1153.80 Full Name (Last, First, Middle Initial) **c.** Thomas Martin Date of Receipt Mailing Address 8735 Henderson Road 80 04 2016 City State Zip Code Transaction ID: SA11AI.25109 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 269.22 Other (specify) 230.76 SUBTOTAL of Receipts This Page (optional).....

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ITEMIZED RECEIPTS Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Thomas Martin Date of Receipt Mailing Address 8735 Henderson Road 04 2016 City State Zip Code Transaction ID: SA11AI.25365 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 307.68 Other (specify) Full Name (Last, First, Middle Initial) B. Thomas Martin Date of Receipt Mailing Address 8735 Henderson Road 05 06 2016 City State Zip Code Transaction ID: SA11AI.25788 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 346,14 Full Name (Last, First, Middle Initial) **c.** Thomas Martin Date of Receipt Mailing Address 8735 Henderson Road 20 05 2016 City State Zip Code Transaction ID: SA11AI.26056 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 384.60 Other (specify) 115.38 SUBTOTAL of Receipts This Page (optional).....

FOR LINE NUMBER: PAGE 144 OF 258 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Joanna M. Maslanka Date of Receipt Mailing Address 8735 Henderson Road 2016 0.3 City State Zip Code Transaction ID: SA11AI.26286 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 211.53 Other (specify) Full Name (Last, First, Middle Initial) B. Joanna M. Maslanka Date of Receipt Mailing Address 8735 Henderson Road 17 06 2016 City State Zip Code Transaction ID: SA11AI.26560 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 230.76 Full Name (Last, First, Middle Initial) c. Carole A. Matyas Date of Receipt Mailing Address 8735 Henderson Road 80 04 2016 City State Zip Code Transaction ID: SA11AI.25031 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing С 96.15 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 673.05 Other (specify) 134.61 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Carole A. Matyas Date of Receipt Mailing Address 8735 Henderson Road 04 2016 City State Zip Code Transaction ID: SA11AI.25288 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 769.20 Other (specify) Full Name (Last, First, Middle Initial) B. Carole A. Matyas Date of Receipt Mailing Address 8735 Henderson Road 05 06 2016 City State Zip Code Transaction ID: SA11AI.25802 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 865.35 Full Name (Last, First, Middle Initial) c. Carole A. Matyas Date of Receipt Mailing Address 8735 Henderson Road 20 05 2016 City State Zip Code Transaction ID: SA11AI.26066 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 961.50 Other (specify) 288.45 SUBTOTAL of Receipts This Page (optional).....

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			rson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTE Wellcare Health	E (In Full) n Plans, Inc. PAC (Well(	Care PAC)	
Full Name (Last, First, Carole A. Matyas  Mailing Address 8735  City Tampa  FEC ID number of confederal political commit  Name of Employer  WellCare Health Plans, Receipt For:	State FL  tributing tee.  Occupating health ca	re	Date of Receipt  06 03 2016  Transaction ID : SA11AI.26104  Amount of Each Receipt this Period  96.15  Memo Item
Primary Other (specify)	General	te Year-to-Date ▼ 1057.65	
Full Name (Last, First, Carole A. Matyas  Mailing Address 8735 I  City		Zip Code	Date of Receipt  06 17 2016  Transaction ID: SA11Al.26378
Tampa FEC ID number of confederal political commit	ŭ	33634	Amount of Each Receipt this Period  96.15  Memo Item
Name of Employer WellCare Health Plans, Receipt For: Primary Other (specify)	Inc. health ca  General Aggrega		_
Full Name (Last, First, Faustino Mayo  Mailing Address 8735			Date of Receipt  M M / D D / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y
City Tampa  FEC ID number of confederal political commit  Name of Employer  WellCare Health Plans,  Receipt For:  Primary  Other (specify)	Inc.  Occupati health ca  Aggrega		Amount of Each Receipt this Period  19.23  Memo Item
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$\rangle$	NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC	(WellCa	re PAC)										
Α.	Full Name (Last, First, Middle Initial) Faustino Mayo  Mailing Address 8735 Henderson Road  City	State	Zip Code	Date of Receipt    M									
	, ,	C Occupation health care	33634	Ar L	_	of I	Each Re	ceipt t	his F	Period 19.2	23		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate `	Year-to-Date ▼ 230.76										
В.	Full Name (Last, First, Middle Initial)  Angeline C. McCabe  Mailing Address 8735 Henderson Road			_	ate of	Red	ceipt 03	/		016	Υ		
	City Tampa FEC ID number of contributing federal political committee.	State FL	Zip Code 33634	Transaction ID : SA11AI.26263  Amount of Each Receipt this Period  19.23									
	WallCare Health Plane Inc	Occupation health care Aggregate	Year-to-Date ▼ 211.53		Mei	mo lt	tem						
<u>.</u> С.	Full Name (Last, First, Middle Initial) Angeline C. McCabe  Mailing Address 8735 Henderson Road			_	ate of	Red	ceipt	/	20	D16	Y		
	City Tampa  FEC ID number of contributing federal political committee.	State FL	Zip Code 33634		Trans		on ID : S Each Re		1.265	36	23		
	' '	Occupation health care Aggregate	Year-to-Date ▼ 230.76		Mei	mo It	tem						
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Ray McComb Date of Receipt Mailing Address 8735 Henderson Road 04 08 2016 City State Zip Code Transaction ID: SA11AI.25063 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 269.22 Other (specify) Full Name (Last, First, Middle Initial) B. Ray McComb Date of Receipt Mailing Address 8735 Henderson Road 04 22 2016 City State Zip Code Transaction ID: SA11AI.25320 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 307,68 Full Name (Last, First, Middle Initial) c. Ray McComb Date of Receipt Mailing Address 8735 Henderson Road 06 05 2016 City State Zip Code Transaction ID: SA11AI.25734 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing С 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 346.14 Other (specify) 115.38 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Ray McComb Date of Receipt Mailing Address 8735 Henderson Road 20 2016 City State Zip Code Transaction ID: SA11AI.26003 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans. Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 384.60 Other (specify) Full Name (Last, First, Middle Initial) B. Ray McComb Date of Receipt Mailing Address 8735 Henderson Road 06 03 2016 City State Zip Code Transaction ID: SA11AI.26137 FL 33634 Tampa Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 423,06 Full Name (Last, First, Middle Initial) c. Ray McComb Date of Receipt Mailing Address 8735 Henderson Road 06 17 2016 City State Zip Code Transaction ID: SA11AI.26411 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 461.52 Other (specify)

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PA		
Full Name (Last, First, Middle Initial) Leslie D. McKenzie		Date of Receipt
Mailing Address 8735 Henderson Road		05 20 2016
City	State Zip Code	Transaction ID : SA11AI.25991
Tampa	FL 33634	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.83
Name of Employer	Occupation	Memo Item
WellCare Health Plans, Inc.	health care	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  208.30	
Full Name (Last, First, Middle Initial) Leslie D. McKenzie		Date of Receipt
Mailing Address 8735 Henderson Road		06 03 2016
City	State Zip Code	Transaction ID : SA11AI.26193
Tampa	FL 33634	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.83
Name of Employer WellCare Health Plans, Inc.	Occupation health care	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  229.13	
Full Name (Last, First, Middle Initial) Leslie D. McKenzie		Date of Receipt
Mailing Address 8735 Henderson Road		06 17 2016
City	State Zip Code	Transaction ID : SA11AI.26466
Tampa	FL 33634	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.83
Name of Employer	Occupation	- Memo Item
WellCare Health Plans, Inc.	health care	
Receipt For:	Aggregate Year-to-Date ▼	-
Primary General Other (specify) ▼	249.96	
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Sarah Helene McKinnie Date of Receipt Mailing Address 8735 Henderson Road 03 2016 City State Zip Code Transaction ID: SA11AI.26222 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 211.53 Other (specify) Full Name (Last, First, Middle Initial) B. Sarah Helene McKinnie Date of Receipt Mailing Address 8735 Henderson Road 06 17 2016 City State Zip Code Transaction ID: SA11AI.26497 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 230.76 Full Name (Last, First, Middle Initial) c. Tanya M. McNally Date of Receipt Mailing Address 8735 Henderson Road 03 06 2016 City State Zip Code Transaction ID: SA11AI.26229 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 211.53 Other (specify) 57.69 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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ITEMIZED RECEIPTS Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and add NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Tanya M. McNally Date of Receipt Mailing Address 8735 Henderson Road 2016 City State Zip Code Transaction ID: SA11AI.26503 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 230.76 Other (specify) Full Name (Last, First, Middle Initial) B. June Mellor Date of Receipt Mailing Address 8735 Henderson Road 06 03 2016 City State Zip Code Transaction ID: SA11AI.26206 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 211.53 Full Name (Last, First, Middle Initial) **c.** June Mellor Date of Receipt Mailing Address 8735 Henderson Road 17 2016 06 Zip Code City State Transaction ID: SA11AI.26480 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 230.76 Other (specify) 57.69 SUBTOTAL of Receipts This Page (optional).....

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ITEMIZED RECEIPTS Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Elizabeth M. Miller Date of Receipt Mailing Address 8735 Henderson Road 03 2016 City State Zip Code Transaction ID: SA11AI.26227 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans. Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 211.53 Other (specify) Full Name (Last, First, Middle Initial) B. Elizabeth M. Miller Date of Receipt Mailing Address 8735 Henderson Road 06 17 2016 City State Zip Code Transaction ID: SA11AI.26501 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 230.76 Full Name (Last, First, Middle Initial) c. Eufemia E. Mitchell Date of Receipt Mailing Address 8735 Henderson Road 03 06 2016 City State Zip Code Transaction ID: SA11AI.26290 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 211.53 Other (specify) 57.69 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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ITEMIZED RECEIPTS Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Eufemia E. Mitchell Date of Receipt Mailing Address 8735 Henderson Road 2016 City State Zip Code Transaction ID: SA11AI.26564 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans. Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 230.76 Other (specify) Full Name (Last, First, Middle Initial) B. Wendy A. Morriarty Date of Receipt Mailing Address 8735 Henderson Road 06 03 2016 City State Zip Code Transaction ID: SA11AI.26283 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 211.53 Full Name (Last, First, Middle Initial) c. Wendy A. Morriarty Date of Receipt Mailing Address 8735 Henderson Road 06 17 2016 City State Zip Code Transaction ID: SA11AI.26557 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 230.76 Other (specify) 57.69 SUBTOTAL of Receipts This Page (optional).....

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Timothy M. Mullen Date of Receipt Mailing Address 8735 Henderson Road 03 2016 City State Zip Code Transaction ID: SA11AI.26294 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 211.53 Other (specify) Full Name (Last, First, Middle Initial) B. Timothy M. Mullen Date of Receipt Mailing Address 8735 Henderson Road 06 17 2016 City State Zip Code Transaction ID: SA11AI.26568 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 230.76 Full Name (Last, First, Middle Initial) c. Kathleen Mulqueen Date of Receipt Mailing Address 8735 Henderson Road 03 06 2016 City State Zip Code Transaction ID: SA11AI.26303 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 211.53 Other (specify) 57.69 SUBTOTAL of Receipts This Page (optional).....

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Any information copied from such Reports and Statements may not be sold or used by or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Kathleen Mulqueen Date of Receipt Mailing Address 8735 Henderson Road 2016 City State Zip Code Transaction ID: SA11AI.26577 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans. Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 230.76 Other (specify) Full Name (Last, First, Middle Initial) B. Kelly A. Munson Date of Receipt Mailing Address 8735 Henderson Road 06 03 2016 City State Zip Code Transaction ID: SA11AI.26295 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 211.53 Full Name (Last, First, Middle Initial) c. Kelly A. Munson Date of Receipt Mailing Address 8735 Henderson Road 17 06 2016 City State Zip Code Transaction ID: SA11AI.26569 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 230.76 Other (specify) 57.69 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Raymond Murray Date of Receipt Mailing Address 8735 Henderson Road 2016 0.3 City State Zip Code Transaction ID: SA11AI.26299 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 211.53 Other (specify) Full Name (Last, First, Middle Initial) B. Raymond Murray Date of Receipt Mailing Address 8735 Henderson Road 06 17 2016 City State Zip Code Transaction ID: SA11AI.26573 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 230.76 Full Name (Last, First, Middle Initial) c. Dawna Nibert Date of Receipt Mailing Address 8735 Henderson Road 03 06 2016 City State Zip Code Transaction ID: SA11AI.26266 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing С 19.23 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 211.53 Other (specify) 57.69 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Dawna Nibert Date of Receipt Mailing Address 8735 Henderson Road 2016 City State Zip Code Transaction ID: SA11AI.26539 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 230.76 Other (specify) Full Name (Last, First, Middle Initial) B. Sharon Nisbet Date of Receipt Mailing Address 8735 Henderson Road 04 80 2016 City State Zip Code Transaction ID: SA11AI.25025 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 673.05 Full Name (Last, First, Middle Initial) c. Sharon Nisbet Date of Receipt Mailing Address 8735 Henderson Road 04 22 2016 City State Zip Code Transaction ID: SA11AI.25282 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing С 96.15 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 769.20 Other (specify) 211.53 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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ITEMIZED RECEIPTS Any information copied from such Reports and Statements may not be sold or used by or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Sharon Nisbet Date of Receipt Mailing Address 8735 Henderson Road 06 2016 City State Zip Code Transaction ID: SA11AI.25796 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans. Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 865.35 Other (specify) Full Name (Last, First, Middle Initial) B. Sharon Nisbet Date of Receipt Mailing Address 8735 Henderson Road 05 20 2016 City State Zip Code Transaction ID: SA11AI.26061 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 961.50 Full Name (Last, First, Middle Initial) **c.** Sharon Nisbet Date of Receipt Mailing Address 8735 Henderson Road 03 06 2016 City State Zip Code Transaction ID: SA11AI.26099 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1057.65 Other (specify)

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Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and address of any political committee to solicit contribution NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Sharon Nisbet Date of Receipt Mailing Address 8735 Henderson Road 2016 City State Zip Code Transaction ID: SA11AI.26373 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1153.80 Other (specify) Full Name (Last, First, Middle Initial) B. Shunae E. Norton Date of Receipt Mailing Address 8735 Henderson Road 06 17 2016 City Zip Code State Transaction ID: SA11AI.26518 FL 33634 Tampa Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 211.53 C.

Full Name (Last, First, Middle Initial) Michael J. Orlosky		Date of Receipt
Mailing Address 8735 Henderson Road		04 08 2016
City	State Zip Code	Transaction ID : SA11AI.25080
Tampa	FL 33634	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	38.46
Name of Employer	Occupation	Memo Item
WellCare Health Plans, Inc.	health care	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  269.22	

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Wellcare Health Plans, Inc. PA	C (WellCare PAC)	
Full Name (Last, First, Middle Initial)  A. Michael J. Orlosky		Date of Receipt
Mailing Address 8735 Henderson Road		04 22 2016
City	State Zip Code	Transaction ID : SA11AI.25336
Tampa	FL 33634	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	38.46
Name of Employer	Occupation	Memo Item
WellCare Health Plans, Inc.	health care	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	307.68	
Full Name (Last, First, Middle Initial)  Michael J. Orlosky	,	Date of Receipt
Mailing Address 8735 Henderson Road		M M / D D / Y Y Y Y Y
City	State Zip Code	05 06 2016 Transaction ID : SA11AI.25752
Tampa	FL 33634	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	38.46
Name of Employer	Occupation	Memo Item
WellCare Health Plans, Inc.	health care	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 346.14	
Full Name (Last, First, Middle Initial)  C. Michael J. Orlosky		Date of Receipt
Mailing Address 8735 Henderson Road		05 20 2016 _
City	State Zip Code	Transaction ID : SA11AI.26022
Tampa	FL 33634	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	38.46
Name of Employer	Occupation	Memo Item
WellCare Health Plans, Inc.	health care	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	384.60	
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Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Michael J. Orlosky Date of Receipt Mailing Address 8735 Henderson Road 03 2016 City State Zip Code Transaction ID: SA11AI.26155 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans. Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 423.06 Other (specify) Full Name (Last, First, Middle Initial) B. Michael J. Orlosky Date of Receipt Mailing Address 8735 Henderson Road 06 17 2016 City State Zip Code Transaction ID: SA11AI.26428 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 461.52 Full Name (Last, First, Middle Initial) c. Benjamin Orris Date of Receipt Mailing Address 8735 Henderson Road 03 06 2016 City State Zip Code Transaction ID: SA11AI.26284 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 211.53 Other (specify) 96.15 SUBTOTAL of Receipts This Page (optional).....

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Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and add NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Benjamin Orris Date of Receipt Mailing Address 8735 Henderson Road 2016 City State Zip Code Transaction ID: SA11AI.26558 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 230.76 Other (specify) Full Name (Last, First, Middle Initial) B. Nino A. Palermo Date of Receipt Mailing Address 8735 Henderson Road 06 03 2016 City State Zip Code Transaction ID: SA11AI.26297 FL 33634 Tampa Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 211.53 Full Name (Last, First, Middle Initial) c. Nino A. Palermo Date of Receipt Mailing Address 8735 Henderson Road 17 06 2016 Zip Code City State Transaction ID: SA11AI.26571 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Margaret E. Peal Date of Receipt Mailing Address 8735 Henderson Road 04 08 2016 City State Zip Code Transaction ID: SA11AI.25089 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 269.22 Other (specify) Full Name (Last, First, Middle Initial) B. Margaret E. Peal Date of Receipt Mailing Address 8735 Henderson Road 04 22 2016 City State Zip Code Transaction ID: SA11AI.25345 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 307,68 Full Name (Last, First, Middle Initial) c. Margaret E. Peal Date of Receipt Mailing Address 8735 Henderson Road 06 05 2016 City State Zip Code Transaction ID: SA11AI.25761 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 346.14 Other (specify) 115.38 SUBTOTAL of Receipts This Page (optional).....

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Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Margaret E. Peal Date of Receipt Mailing Address 8735 Henderson Road 20 2016 City State Zip Code Transaction ID: SA11AI.26031 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans. Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 384.60 Other (specify) Full Name (Last, First, Middle Initial) B. Margaret E. Peal Date of Receipt Mailing Address 8735 Henderson Road 06 03 2016 City State Zip Code Transaction ID: SA11AI.26164 FL 33634 Tampa Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 423,06 Full Name (Last, First, Middle Initial) c. Margaret E. Peal Date of Receipt Mailing Address 8735 Henderson Road 17 2016 06 City State Zip Code Transaction ID: SA11AI.26437 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 461.52 Other (specify) 115.38 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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ITEMIZED RECEIPTS Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Laura B. Phin Date of Receipt Mailing Address 8735 Henderson Road 03 2016 City State Zip Code Transaction ID: SA11AI.26211 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 211.53 Other (specify) Full Name (Last, First, Middle Initial) B. Laura B. Phin Date of Receipt Mailing Address 8735 Henderson Road 06 17 2016 City State Zip Code Transaction ID: SA11AI.26485 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 230.76 Full Name (Last, First, Middle Initial) c. Anthony B. Piagentini Date of Receipt Mailing Address 8735 Henderson Road 80 04 2016 City State Zip Code Transaction ID: SA11AI.25091 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 269.22 Other (specify) 76.92 SUBTOTAL of Receipts This Page (optional).....

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Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and address of any political committee to solicit contributions NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Anthony B. Piagentini Date of Receipt Mailing Address 8735 Henderson Road 04 2016 City State Zip Code Transaction ID: SA11AI.25347 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼

	Primary General Other (specify) ▼	307.68	
В.	Full Name (Last, First, Middle Initial) Anthony B. Piagentini Mailing Address 8735 Henderson Road  City	State Zip Code	Date of Receipt  05  06  2016
	Tampa  FEC ID number of contributing federal political committee.	FL 33634	Transaction ID: SA11AI.25763  Amount of Each Receipt this Period  38.46
	Name of Employer WellCare Health Plans, Inc.  Receipt For:  Primary General Other (specify) ▼	Occupation health care  Aggregate Year-to-Date ▼  346.14	Memo Item
	Full Name (Last, First, Middle Initial)		

c. Anthony B. Piagentini Date of Receipt Mailing Address 8735 Henderson Road 05 20 2016 City State Zip Code Transaction ID: SA11AI.26033 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 384.60 Other (specify)

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Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and add NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Anthony B. Piagentini Date of Receipt Mailing Address 8735 Henderson Road 03 2016 City State Zip Code Transaction ID: SA11AI.26166 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 423.06 Other (specify) Full Name (Last, First, Middle Initial) B. Anthony B. Piagentini Date of Receipt Mailing Address 8735 Henderson Road 06 17 2016 City State Zip Code Transaction ID: SA11AI.26439 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 461.52 Full Name (Last, First, Middle Initial) c. Julia Pinckney Date of Receipt Mailing Address 8735 Henderson Road 03 2016 06 City State Zip Code Transaction ID: SA11AI.26196 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 220.00 Other (specify) 96.92 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and add NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Julia Pinckney Date of Receipt Mailing Address 8735 Henderson Road 2016 City State Zip Code Transaction ID: SA11AI.26469 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name (Last, First, Middle Initial) B. Cheryl L. Piskutz Date of Receipt Mailing Address 8735 Henderson Road 06 03 2016 City State Zip Code Transaction ID: SA11AI.26228 FL 33634 Tampa Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 211.53 Full Name (Last, First, Middle Initial) c. Cheryl L. Piskutz Date of Receipt Mailing Address 8735 Henderson Road 17 2016 06 City State Zip Code Transaction ID: SA11AI.26502 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 230.76 Other (specify)

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Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Sue Podbielski Date of Receipt Mailing Address 8735 Henderson Road 04 08 2016 City State Zip Code Transaction ID: SA11AI.25087 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans. Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 269.22 Other (specify) Full Name (Last, First, Middle Initial) B. Sue Podbielski Date of Receipt Mailing Address 8735 Henderson Road 04 22 2016 City State Zip Code Transaction ID: SA11AI.25343 FL 33634 Tampa Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 307.68 Full Name (Last, First, Middle Initial) **c.** Sue Podbielski Date of Receipt Mailing Address 8735 Henderson Road 06 05 2016 City State Zip Code Transaction ID: SA11AI.25759 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 346.14 Other (specify) 115.38 SUBTOTAL of Receipts This Page (optional).....

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FOR LINE NUMBER: PAGE 172 OF 258 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Patrick Poland Date of Receipt Mailing Address 8735 Henderson Road 04 08 2016 City State Zip Code Transaction ID: SA11AI.25037 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 673.05 Other (specify) Full Name (Last, First, Middle Initial) B. Patrick Poland Date of Receipt Mailing Address 8735 Henderson Road 04 22 2016 City State Zip Code Transaction ID: SA11AI.25294 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 769,20 Full Name (Last, First, Middle Initial) c. Patrick Poland Date of Receipt Mailing Address 8735 Henderson Road 06 05 2016 City State Zip Code Transaction ID: SA11AI.25808 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing С 96.15 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 865.35 Other (specify) 288.45 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 173 OF 258 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Patrick Poland Date of Receipt Mailing Address 8735 Henderson Road 20 2016 City State Zip Code Transaction ID: SA11AI.26072 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 961.50 Other (specify) Full Name (Last, First, Middle Initial) B. Patrick Poland Date of Receipt Mailing Address 8735 Henderson Road 06 03 2016 City State Zip Code Transaction ID: SA11AI.26110 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1057.65 Full Name (Last, First, Middle Initial) c. Patrick Poland Date of Receipt Mailing Address 8735 Henderson Road 06 17 2016 City State Zip Code Transaction ID: SA11AI.26384 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing С 96.15 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1153.80 Other (specify) 288.45 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Michael R. Polen Date of Receipt Mailing Address 8735 Henderson Road 04 08 2016 City State Zip Code Transaction ID: SA11AI.25024 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 192.30 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans. Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1346.10 Other (specify) Full Name (Last, First, Middle Initial) B. Michael R. Polen Date of Receipt Mailing Address 8735 Henderson Road 04 22 2016 City State Zip Code Transaction ID: SA11AI.25281 FL 33634 Tampa Amount of Each Receipt this Period FEC ID number of contributing 192.30 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1538.40 Full Name (Last, First, Middle Initial) c. Michael R. Polen Date of Receipt Mailing Address 8735 Henderson Road 06 05 2016 City State Zip Code Transaction ID: SA11AI.25828 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 192.30 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1730.70 Other (specify)

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ITEMIZED RECEIPTS Any information copied from such Reports and Statements may not be sold or used b or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Michael R. Polen Date of Receipt Mailing Address 8735 Henderson Road 20 2016 City State Zip Code Transaction ID: SA11AI.26092 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 192.30 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans. Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1923.00 Other (specify) Full Name (Last, First, Middle Initial) B. Michael R. Polen Date of Receipt Mailing Address 8735 Henderson Road 06 03 2016 City State Zip Code Transaction ID: SA11AI.26097 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 192.30 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 2115.30 Full Name (Last, First, Middle Initial) c. Michael R. Polen Date of Receipt Mailing Address 8735 Henderson Road 17 06 2016 City State Zip Code Transaction ID: SA11AI.26371 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 192.30 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 2307.60 Other (specify) 576.90 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc.	PAC (WellCare PAC	<b>;</b> )	
Full Name (Last, First, Middle Initial) Christopher Price  Mailing Address 8735 Henderson Road  City Tampa  FEC ID number of contributing federal political committee.	State Zip Co FL 33634		Date of Receipt  04 08 2016  Transaction ID: SA11Al.25098  Amount of Each Receipt this Period  38.46  Memo Item
Name of Employer  WellCare Health Plans, Inc.  Receipt For:  Primary General  Other (specify) ▼	Occupation health care  Aggregate Year-to-Da	te ▼ 269.22	
Full Name (Last, First, Middle Initial) Christopher Price Mailing Address 8735 Henderson Road City	State Zip Co	ode	Date of Receipt  04 22 2016  Transaction ID: SA11Al.25354
Tampa  FEC ID number of contributing federal political committee.  Name of Employer	FL 33634		Amount of Each Receipt this Period  38.46  Memo Item
WellCare Health Plans, Inc.  Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Da	te ▼ 307.68	]
Full Name (Last, First, Middle Initial) Christopher Price Mailing Address 8735 Henderson Road			Date of Receipt
City Tampa  FEC ID number of contributing federal political committee.  Name of Employer  WellCare Health Plans, Inc.  Receipt For:  Primary General Other (specify) ▼	State Zip Co FL 33634  C  Occupation health care  Aggregate Year-to-Da		Transaction ID : SA11AI.25776  Amount of Each Receipt this Period  38.46  Memo Item
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Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and add NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Christopher Price Date of Receipt Mailing Address 8735 Henderson Road 20 2016 City State Zip Code Transaction ID: SA11AI.26044 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 384.60 Other (specify) Full Name (Last, First, Middle Initial) B. Christopher Price Date of Receipt Mailing Address 8735 Henderson Road 06 03 2016 City State Zip Code Transaction ID: SA11AI.26177 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 423.06 Full Name (Last, First, Middle Initial) **c.** Christopher Price Date of Receipt Mailing Address 8735 Henderson Road 2016 06 17 Zip Code City State Transaction ID: SA11AI.26449 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Memo Item Name of Employer Occupation

Other (specify) ▼	461.52							
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health care

Aggregate Year-to-Date ▼

WellCare Health Plans, Inc.

General

Receipt For:

Primary

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Marla P. Purvis Date of Receipt Mailing Address 8735 Henderson Road 04 08 2016 City State Zip Code Transaction ID: SA11AI.25042 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 673.05 Other (specify) Full Name (Last, First, Middle Initial) B. Marla P. Purvis Date of Receipt Mailing Address 8735 Henderson Road 04 22 2016 City State Zip Code Transaction ID: SA11AI.25299 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 769,20 Full Name (Last, First, Middle Initial) c. Marla P. Purvis Date of Receipt Mailing Address 8735 Henderson Road 06 05 2016 City State Zip Code Transaction ID: SA11AI.25814 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing С 96.15 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 865.35 Other (specify) 288.45 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Marla P. Purvis Date of Receipt Mailing Address 8735 Henderson Road 20 2016 City State Zip Code Transaction ID: SA11AI.26078 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans. Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 961.50 Other (specify) Full Name (Last, First, Middle Initial) B. Marla P. Purvis Date of Receipt Mailing Address 8735 Henderson Road 06 03 2016 City State Zip Code Transaction ID: SA11AI.26116 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1057.65 Full Name (Last, First, Middle Initial) c. Marla P. Purvis Date of Receipt Mailing Address 8735 Henderson Road 17 06 2016 City State Zip Code Transaction ID: SA11AI.26390 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1153.80 Other (specify) 288.45 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (V	VellCare PAC)	
Tampa  FEC ID number of contributing federal political committee.  Name of Employer  WellCare Health Plans, Inc.  Receipt For:  Primary  Other (specify) ▼  General	State Zip Code FL 33634  Cupation alth care gregate Year-to-Date ▼  538.44	Date of Receipt  04 08 2016  Transaction ID: SA11Al.25051  Amount of Each Receipt this Period  76.92  Memo Item
Tampa  FEC ID number of contributing federal political committee.  Name of Employer WellCare Health Plans, Inc.	State Zip Code FL 33634  cupation alth care gregate Year-to-Date ▼  615.36	Date of Receipt  04 22 2016  Transaction ID: SA11AI.25308  Amount of Each Receipt this Period  76.92  Memo Item
Tampa  FEC ID number of contributing federal political committee.  Name of Employer  WellCare Health Plans, Inc.  Page 1 to 1 t	State Zip Code FL 33634  cupation alth care gregate Year-to-Date   692.28	Date of Receipt    Mark
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NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PA	AC (WellCare PAC)	
Full Name (Last, First, Middle Initial)  Michael Radu  Mailing Address 8735 Henderson Road  City Tampa  FEC ID number of contributing federal political committee.  Name of Employer  WellCare Health Plans, Inc.  Receipt For:  Primary  General  Other (specify)	State Zip Code FL 33634  C  Occupation health care  Aggregate Year-to-Date ▼  884.58	Date of Receipt    05
Full Name (Last, First, Middle Initial)  Michael Radu  Mailing Address 8735 Henderson Road  City  Tampa  FEC ID number of contributing federal political committee.  Name of Employer  WellCare Health Plans, Inc.  Receipt For:  Primary  General  Other (specify) ▼	State Zip Code FL 33634  C  Occupation health care  Aggregate Year-to-Date ▼  1076.88	Date of Receipt    Mark
Full Name (Last, First, Middle Initial)  Michael Radu  Mailing Address 8735 Henderson Road  City Tampa  FEC ID number of contributing federal political committee.  Name of Employer  WellCare Health Plans, Inc.  Receipt For:  Primary General Other (specify)	State Zip Code FL 33634  C  Occupation health care  Aggregate Year-to-Date ▼  1269.18	Date of Receipt  06 17 2016  Transaction ID: SA11Al.26370  Amount of Each Receipt this Period  192.30  Memo Item
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	576.90
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NAME OF COMMITTEE (In Full)  Wellcare Health Plans, Inc. PAC	C (WellCare PAC)	
Full Name (Last, First, Middle Initial) Joiel Yvette Ray-Alexander  Mailing Address 8735 Henderson Road  City Tampa  FEC ID number of contributing federal political committee.  Name of Employer  WellCare Health Plans, Inc.  Receipt For:  Primary General Other (specify)	State Zip Code FL 33634  C  Occupation health care  Aggregate Year-to-Date ▼  673.05	Date of Receipt  04 08 2016  Transaction ID: SA11AI.25038  Amount of Each Receipt this Period  96.15  Memo Item
Full Name (Last, First, Middle Initial)  Joiel Yvette Ray-Alexander  Mailing Address 8735 Henderson Road  City Tampa  FEC ID number of contributing federal political committee.  Name of Employer WellCare Health Plans, Inc.  Receipt For:  Primary General Other (specify)	State Zip Code FL 33634  C  Occupation health care  Aggregate Year-to-Date ▼  769.20	Date of Receipt  04 22 2016  Transaction ID : SA11Al.25295  Amount of Each Receipt this Period  96.15  Memo Item
Full Name (Last, First, Middle Initial) Joiel Yvette Ray-Alexander  Mailing Address 8735 Henderson Road  City Tampa  FEC ID number of contributing federal political committee.  Name of Employer  WellCare Health Plans, Inc.  Receipt For:  Primary General Other (specify)	State Zip Code FL 33634  C  Occupation health care  Aggregate Year-to-Date ▼  865.35	Date of Receipt    M
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ITEMIZED RECEIPTS Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Joiel Yvette Ray-Alexander Date of Receipt Mailing Address 8735 Henderson Road 20 2016 City State Zip Code Transaction ID: SA11AI.26073 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 961.50 Other (specify) Full Name (Last, First, Middle Initial) B. Joiel Yvette Ray-Alexander Date of Receipt Mailing Address 8735 Henderson Road 06 03 2016 City State Zip Code Transaction ID: SA11AI.26111 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1057.65 Full Name (Last, First, Middle Initial) c. Joiel Yvette Ray-Alexander Date of Receipt Mailing Address 8735 Henderson Road 06 17 2016 City State Zip Code Transaction ID: SA11AI.26385 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing С 96.15 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1153.80 Other (specify) 288.45 SUBTOTAL of Receipts This Page (optional).....

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NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC	(WellCare PAC)	
Receipt For:  Primary General  Other (specify) ▼	State Zip Code FL 33634  C  Occupation health care  Aggregate Year-to-Date ▼  211.53	Date of Receipt  06 03 2016  Transaction ID: SA11AI.26298  Amount of Each Receipt this Period  19.23  Memo Item
Full Name (Last, First, Middle Initial)  Anne E. Read  Mailing Address 8735 Henderson Road  City  Tampa  FEC ID number of contributing federal political committee.  Name of Employer  WellCare Health Plans, Inc.  Receipt For:  Primary  General  Other (specify)	State Zip Code FL 33634  C  Occupation health care  Aggregate Year-to-Date ▼  230.76	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial)  David T. Reynolds  Mailing Address 8735 Henderson Road  City Tampa  FEC ID number of contributing federal political committee.  Name of Employer  WellCare Health Plans, Inc.  Receipt For:  Primary  Other (specify)   General	State Zip Code FL 33634  C  Occupation health care  Aggregate Year-to-Date ▼  211.53	Date of Receipt  06 03 2016  Transaction ID: SA11AI.26236  Amount of Each Receipt this Period  19.23  Memo Item
SUBTOTAL of Receipts This Page (optional)		57.69
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NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PA	C (WellCare PAC)					
Full Name (Last, First, Middle Initial)  A. David T. Reynolds  Mailing Address 8735 Henderson Road	Reynolds					
City	State Zip Code	06 17 2016 Transaction ID : SA11Al.26510				
Татра	FL 33634	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С	19.23				
Name of Employer WellCare Health Plans, Inc.	Occupation health care	Memo Item				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  230.76					
Full Name (Last, First, Middle Initial)  Michael L. Ridenour  Mailing Address 9795 Handson Book		Date of Receipt				
Mailing Address 8735 Henderson Road		04 08 2016				
City	State Zip Code	Transaction ID: SA11AI.25069				
Tampa  FEC ID number of contributing federal political committee.	FL 33634	Amount of Each Receipt this Period  38.46				
Name of Employer WellCare Health Plans, Inc.	Occupation health care	- Memo Item				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 269.22					
Full Name (Last, First, Middle Initial)  C. Michael L. Ridenour		Date of Receipt				
Mailing Address 8735 Henderson Road		04 22 2016				
City Tampa	State Zip Code FL 33634	Transaction ID : SA11AI.25326  Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	38.46				
Name of Employer	Occupation	- Memo Item				
WellCare Health Plans, Inc. Receipt For:	health care					
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  307.68					
SUBTOTAL of Receipts This Page (optional)		96.15				
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Michael L. Ridenour Date of Receipt Mailing Address 8735 Henderson Road 06 2016 City State Zip Code Transaction ID: SA11AI.25742 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans. Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 346.14 Other (specify) Full Name (Last, First, Middle Initial) B. Michael L. Ridenour Date of Receipt Mailing Address 8735 Henderson Road 05 20 2016 City State Zip Code Transaction ID: SA11AI.26011 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 384,60 Full Name (Last, First, Middle Initial) c. Michael L. Ridenour Date of Receipt Mailing Address 8735 Henderson Road 03 06 2016 City State Zip Code Transaction ID: SA11AI.26145 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 423.06 Other (specify) 115.38 SUBTOTAL of Receipts This Page (optional).....

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NAME OF COMMITTEE (In Full)  Wellcare Health Plans, Inc. PA														
Full Name (Last, First, Middle Initial) Michael L. Ridenour			Date of Receipt											
Mailing Address 8735 Henderson Road			06 17 2016											
City Tampa	State FL	Zip Code 33634						A11AI ceipt th						
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Name of Employer WellCare Health Plans, Inc.	Occupation health care		L	Mei	mo I	tem	1							
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 461.52	]											
Full Name (Last, First, Middle Initial) Remedios Rodriguez	I		Date of Receipt											
Mailing Address 8735 Henderson Road				м - м 06	/		03	/ Y	201	16	7			
City Tampa	State FL	Zip Code 33634						<b>A11AI.</b> ceipt th			_			
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Name of Employer WellCare Health Plans, Inc.	Occupation health care		□         L	Me	mo l	lten	n							
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 211.53	]											
Full Name (Last, First, Middle Initial) Remedios Rodriguez			D	ate of	Re	cei	pt							
Mailing Address 8735 Henderson Road				M M	/		17	/ <b>Y</b>	201					
City Tampa	State FL	Zip Code 33634						A11AI ceipt th			_			
FEC ID number of contributing federal political committee.	C				_	7		,		19.23	3			
Name of Employer	Occupation		7	Mei	mo l	lten	n							
WellCare Health Plans, Inc.  Receipt For:  Primary General  Other (specify) ▼	health care Aggregate	Year-to-Date ▼  230.76	]											
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Elizabeth Rosado Date of Receipt Mailing Address 8735 Henderson Road 2016 0.3 City State Zip Code Transaction ID: SA11AI.26308 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 211.53 Other (specify) Full Name (Last, First, Middle Initial) B. Elizabeth Rosado Date of Receipt Mailing Address 8735 Henderson Road 06 17 2016 City State Zip Code Transaction ID: SA11AI.26581 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 230.76 Full Name (Last, First, Middle Initial) c. Lauralie M. Rubel Date of Receipt Mailing Address 8735 Henderson Road 80 04 2016 City State Zip Code Transaction ID: SA11AI.25047 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing С 96.15 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 673.05 Other (specify) 134.61 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC	(WellCare PAC)	
WellCare Health Plans, Inc.  Receipt For:  Primary General  Other (specify) ▼	State Zip Code FL 33634  C  Occupation health care  Aggregate Year-to-Date ▼  769.20	Date of Receipt  04 22 2016  Transaction ID: SA11AI.25304  Amount of Each Receipt this Period  96.15  Memo Item
WallCara Haalth Plana Ina	State Zip Code FL 33634  C  Occupation health care  Aggregate Year-to-Date ▼  865.35	Date of Receipt  05 06 2016  Transaction ID: SA11Al.25819  Amount of Each Receipt this Period  96.15  Memo Item
, ,	State Zip Code FL 33634  C  Occupation health care  Aggregate Year-to-Date ▼  961.50	Date of Receipt  05 20 2016  Transaction ID : SA11AI.26083  Amount of Each Receipt this Period  96.15  Memo Item
SUBTOTAL of Receipts This Page (optional)	)	288.45
TOTAL This Period (last page this line number on	nly)	

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NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC	(WellCare PAC)	
Full Name (Last, First, Middle Initial)  Lauralie M. Rubel  Mailing Address 8735 Henderson Road  City Tampa  FEC ID number of contributing federal political committee.  Name of Employer  WellCare Health Plans, Inc.  Receipt For:  Primary  Other (specify)   General	State Zip Code FL 33634  C  Occupation health care  Aggregate Year-to-Date ▼  1057.65	Date of Receipt  06 03 2016  Transaction ID: SA11AI.26121  Amount of Each Receipt this Period  96.15  Memo Item
Full Name (Last, First, Middle Initial)  Lauralie M. Rubel  Mailing Address 8735 Henderson Road  City  Tampa  FEC ID number of contributing federal political committee.  Name of Employer  WellCare Health Plans, Inc.  Receipt For:  Primary  General  Other (specify)	State Zip Code FL 33634  C  Occupation health care  Aggregate Year-to-Date ▼  1153.80	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial)  Rachael R. Rudd  Mailing Address 8735 Henderson Road  City Tampa  FEC ID number of contributing federal political committee.  Name of Employer  WellCare Health Plans, Inc.  Receipt For:  Primary General Other (specify)	State Zip Code FL 33634  C  Occupation health care  Aggregate Year-to-Date ▼	Date of Receipt  04 08 2016  Transaction ID: SA11AI.25077  Amount of Each Receipt this Period  38.46  Memo Item
SUBTOTAL of Receipts This Page (optional)	)	230.76
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Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Rachael R. Rudd Date of Receipt Mailing Address 8735 Henderson Road 04 2016 22 City State Zip Code Transaction ID: SA11AI.25333 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 307.68 Other (specify) Full Name (Last, First, Middle Initial) B. Rachael R. Rudd Date of Receipt Mailing Address 8735 Henderson Road 05 06 2016 City State Zip Code Transaction ID: SA11AI.25749 FL 33634 Tampa Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 346.14

Full Name (Last, First, Middle Initial) c. Rachael R. Rudd Date of Receipt Mailing Address 8735 Henderson Road 20 2016 05 Zip Code City State Transaction ID: SA11AI.26019 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 384.60 Other (specify)

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Tampa	FL 33634	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	38.46
Name of Employer WellCare Health Plans, Inc.  Receipt For:  Primary General  Other (specify) ▼	Occupation health care  Aggregate Year-to-Date ▼  461.52	Memo Item
Full Name (Last, First, Middle Initial)  C. Christine Ruediger  Mailing Address 8735 Henderson Road		Date of Receipt  04  08  2016
City	State Zip Code FL 33634	Transaction ID : SA11AI.25101
Tampa  FEC ID number of contributing federal political committee.  Name of Employer	C Occupation	Amount of Each Receipt this Period  38.46  Memo Item
WellCare Health Plans, Inc.	health care	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  269.22	
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NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. P	AC (WellCare PAC)	
Full Name (Last, First, Middle Initial) Christine Ruediger  Mailing Address 8735 Henderson Road	State Zip Code	Date of Receipt  04 22 2016
City Tampa	FL 33634	Transaction ID : SA11AI.25357  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	38.46
Name of Employer  WellCare Health Plans, Inc.  Receipt For:  Primary General  Other (specify) ▼	Occupation health care  Aggregate Year-to-Date ▼  307.68	Memo Item
Full Name (Last, First, Middle Initial)  Christine Ruediger  Mailing Address 8735 Henderson Road		Date of Receipt
City Tampa  FEC ID number of contributing federal political committee.	State Zip Code FL 33634	05 06 2016  Transaction ID : SA11AI.25780  Amount of Each Receipt this Period  38.46
Name of Employer WellCare Health Plans, Inc.  Receipt For:  □ Primary □ General □ Other (specify) ▼	Occupation health care  Aggregate Year-to-Date ▼  346.14	Memo Item
Full Name (Last, First, Middle Initial) Christine Ruediger  Mailing Address 8735 Henderson Road		Date of Receipt  05 20 2016
City Tampa	State Zip Code FL 33634	Transaction ID : SA11Al.26048  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	38.46
Name of Employer  WellCare Health Plans, Inc.  Receipt For:  Primary General  Other (specify) ▼	Occupation health care  Aggregate Year-to-Date ▼  384.60	Memo Item
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Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Christine Ruediger Date of Receipt Mailing Address 8735 Henderson Road 03 2016 City State Zip Code Transaction ID: SA11AI.26181 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 423.06 Other (specify) Full Name (Last, First, Middle Initial) B. Christine Ruediger Date of Receipt Mailing Address 8735 Henderson Road 06 17 2016 City Zip Code State Transaction ID: SA11AI.26453 FL 33634 Tampa Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 461.52

Full Name (Last, First, Middle Initial)  . Phyllis J. Ruska		Date of Receipt
Mailing Address 8735 Henderson Road		06 03 2016 _
City	State Zip Code	Transaction ID : SA11AI.26238
Tampa	FL 33634	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	19.23
Name of Employer	Occupation	Memo Item
WellCare Health Plans, Inc.	health care	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	211.53	

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NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC	(WellCare PAC)	
WellCare Health Plans, Inc.  Receipt For:  Primary General  Other (specify) ▼	State Zip Code FL 33634  C  Occupation health care  Aggregate Year-to-Date ▼  230.76	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
WollCare Health Plane Inc	State Zip Code FL 33634  C  Occupation health care  Aggregate Year-to-Date ▼  211.53	Date of Receipt  06 03 2016  Transaction ID: SA11Al.26220  Amount of Each Receipt this Period  19.23  Memo Item
. ,	State Zip Code FL 33634  C  Occupation health care  Aggregate Year-to-Date ▼  230.76	Date of Receipt    M
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Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Abby Dritz Salzer Date of Receipt Mailing Address 8735 Henderson Road 04 80 2016 City State Zip Code Transaction ID: SA11AI.25073 33634 FL Tampa Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 269.22 Other (specify) Full Name (Last, First, Middle Initial) B. Abby Dritz Salzer Date of Receipt Mailing Address 8735 Henderson Road 04 22 2016 City State Zip Code Transaction ID: SA11AI.25330 FL 33634 Tampa Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care

Primary General  Other (specify) ▼	307.68	
Full Name (Last, First, Middle Initial) Abby Dritz Salzer  Mailing Address 8735 Henderson Road		Date of Receipt  05 06 2016
City Tampa FEC ID number of contributing federal political committee.	State Zip Code FL 33634	Transaction ID : SA11AI.25746  Amount of Each Receipt this Period  38.46
Name of Employer  WellCare Health Plans, Inc.  Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation health care  Aggregate Year-to-Date ▼  346.14	Memo Item

Aggregate Year-to-Date ▼

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NAME OF COMMITTEE (In Full)		solicit contributions from such committee.
Wellcare Health Plans, Inc. PA	C (WellCare PAC)	
Full Name (Last, First, Middle Initial)  Marie E. Samerson		Date of Receipt
Mailing Address 8735 Henderson Road		04 08 2016
City	State Zip Code	Transaction ID : SA11AI.25090
Tampa	FL 33634	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	38.46
Name of Employer	Occupation	Memo Item
WellCare Health Plans, Inc.	health care	
Receipt For:  Primary  General	Aggregate Year-to-Date ▼	
Other (specify) ▼	269.22	
Full Name (Last, First, Middle Initial)  Marie E. Samerson		Date of Receipt
Mailing Address 8735 Henderson Road		04 22 2016 -
City	State Zip Code	04 22 2016 Transaction ID : SA11AI.25346
Tampa	FL 33634	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	38.46
Name of Employer	Occupation	Memo Item
WellCare Health Plans, Inc.	health care	
Receipt For:  Primary  General	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	307.68	
Full Name (Last, First, Middle Initial)  Marie E. Samerson		Date of Pagaint
Mailing Address 8735 Henderson Road		Date of Receipt
		05 06 2016
City Tampa	State Zip Code FL 33634	Transaction ID : SA11AI.25762  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	38.46
Name of Employer	Occupation	Memo Item
WellCare Health Plans, Inc.	health care	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	346.14	
SUBTOTAL of Receipts This Page (optional)	<b>k</b>	115.38

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not be sold or used by any person for the purpose of soliciting contributions										

Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Marie E. Samerson Date of Receipt Mailing Address 8735 Henderson Road 20 2016 City State Zip Code Transaction ID: SA11AI.26032 33634 FL Tampa Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 384.60 Other (specify) Full Name (Last, First, Middle Initial) B. Marie E. Samerson Date of Receipt Mailing Address 8735 Henderson Road 06 03 2016 City Zip Code State Transaction ID: SA11AI.26165 FL 33634 Tampa Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼

Primary General  Other (specify) ▼	423.06	
Full Name (Last, First, Middle Initial)  Marie E. Samerson  Mailing Address 8735 Henderson Road  City Tampa  FEC ID number of contributing federal political committee.  Name of Employer  WellCare Health Plans, Inc.  Receipt For:  Primary  General  Other (specify)	State Zip Code FL 33634  C  Occupation health care  Aggregate Year-to-Date ▼  461.52	Date of Receipt  06 17 2016  Transaction ID: SA11AI.26438  Amount of Each Receipt this Period  38.46  Memo Item

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NAME OF COMMITTEE (In Full)  Wellcare Health Plans, Inc. PAC	C (WellCare PAC)	
Full Name (Last, First, Middle Initial)  Tracy M. Schmidt  Mailing Address 8735 Henderson Road		Date of Receipt
City Tampa  FEC ID number of contributing federal political committee.  Name of Employer  WellCare Health Plans, Inc.  Receipt For:  Primary General Other (specify)	State Zip Code FL 33634  C  Occupation health care  Aggregate Year-to-Date ▼  211.53	Transaction ID : SA11AI.26214  Amount of Each Receipt this Period  19.23  Memo Item
Full Name (Last, First, Middle Initial)  B. Tracy M. Schmidt  Mailing Address 8735 Henderson Road  City  Tampa  FEC ID number of contributing federal political committee.  Name of Employer  WellCare Health Plans, Inc.  Receipt For:  Primary  General  Other (specify)	State Zip Code FL 33634  C  Occupation health care  Aggregate Year-to-Date ▼  230.76	Date of Receipt  M M M
Full Name (Last, First, Middle Initial) Hania Schwartz  Mailing Address 8735 Henderson Road  City Tampa  FEC ID number of contributing federal political committee.  Name of Employer  WellCare Health Plans, Inc.  Receipt For: Primary General Other (specify)	State Zip Code FL 33634  C  Occupation health care  Aggregate Year-to-Date ▼  211.53	Date of Receipt  M M M / D D / 2016  Transaction ID: SA11Al.26254  Amount of Each Receipt this Period  19.23  Memo Item
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	57.69
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Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

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NAME OF COMMITTEE (In Full)  Wellcare Health Plans, Inc. PA	AC (WellCare PAC)	
Full Name (Last, First, Middle Initial)  Hania Schwartz  Mailing Address 8735 Henderson Road		Date of Receipt  M M M / D D / Y D Y D Y D D A D A D D A D D A D D A D D A D D D A D
City Tampa  FEC ID number of contributing federal political committee.	State Zip Code FL 33634	Transaction ID : SA11AI.26527  Amount of Each Receipt this Period  19.23
Name of Employer  WellCare Health Plans, Inc.  Receipt For:  Primary General  Other (specify) ▼	Occupation health care  Aggregate Year-to-Date ▼  230.76	Memo Item
Full Name (Last, First, Middle Initial)  Jeffrey P. Scott  Mailing Address 8735 Henderson Road  City  Tampa  FEC ID number of contributing federal political committee.  Name of Employer  WellCare Health Plans, Inc.  Receipt For:  Primary General Other (specify)	State Zip Code FL 33634  C  Occupation health care  Aggregate Year-to-Date ▼  211.53	Date of Receipt  06 03 2016  Transaction ID: SA11AI.26221  Amount of Each Receipt this Period  19.23  Memo Item
Full Name (Last, First, Middle Initial)  Jeffrey P. Scott  Mailing Address 8735 Henderson Road  City Tampa  FEC ID number of contributing federal political committee.  Name of Employer  WellCare Health Plans, Inc.  Receipt For:  Primary General Other (specify)	State Zip Code FL 33634  C  Occupation health care  Aggregate Year-to-Date ▼  230.76	Date of Receipt  M M / 2016  Transaction ID: SA11Al.26496  Amount of Each Receipt this Period  19.23  Memo Item
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Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and add NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Howard Shaps Date of Receipt Mailing Address 8735 Henderson Road 03 2016 City State Zip Code Transaction ID: SA11AI.26250 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 211.53 Other (specify) Full Name (Last, First, Middle Initial) B. Howard Shaps Date of Receipt Mailing Address 8735 Henderson Road 06 17 2016 City State Zip Code Transaction ID: SA11AI.26525 FL 33634 Tampa Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 230.76 Full Name (Last, First, Middle Initial) **c.** Elliott A. Shaw, Jr. Date of Receipt Mailing Address 8735 Henderson Road 80 04 2016 City State Zip Code Transaction ID: SA11AI.25052 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 350.00 Other (specify) 88.46 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC	(WellCare PAC)	
WellCare Health Plans, Inc.  Receipt For:  Primary General  Other (specify) ▼	State Zip Code FL 33634  C  Occupation nealth care  Aggregate Year-to-Date ▼  425.00	Date of Receipt  04 22 2016  Transaction ID: SA11Al.25309  Amount of Each Receipt this Period  75.00  Memo Item
WellCare Health Plans, Inc.	State Zip Code FL 33634  C  Occupation nealth care  Aggregate Year-to-Date ▼  500.00	Date of Receipt  05 06 2016  Transaction ID: SA11Al.25793  Amount of Each Receipt this Period  75.00  Memo Item
WellCare Health Plans, Inc.	State Zip Code FL 33634  C  Occupation health care  Aggregate Year-to-Date ▼	Date of Receipt    M
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Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and add NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Elliott A. Shaw, Jr. Date of Receipt Mailing Address 8735 Henderson Road 03 2016 City State Zip Code Transaction ID: SA11AI.26125 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 75.00 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 650.00 Other (specify) Full Name (Last, First, Middle Initial) B. Elliott A. Shaw, Jr. Date of Receipt Mailing Address 8735 Henderson Road 06 17 2016 City State Zip Code Transaction ID: SA11AI.26400 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 75.00 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 725.00 Full Name (Last, First, Middle Initial) c. Randall Simmons Date of Receipt Mailing Address 8735 Henderson Road 03 2016 06 Zip Code City State Transaction ID: SA11AI.26244 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General

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WallCara Haalth Blans Inc	State Zip Code FL 33634  C  Occupation health care  Aggregate Year-to-Date ▼  211.53	Date of Receipt  06 03 2016  Transaction ID: SA11AI.26288  Amount of Each Receipt this Period  19.23  Memo Item
WellCare Health Plans, Inc.	State Zip Code FL 33634  C  Occupation health care  Aggregate Year-to-Date ▼	Date of Receipt  06 17 2016  Transaction ID : SA11AI.26562  Amount of Each Receipt this Period  19.23  Memo Item
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ITEMIZED RECEIPTS Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Alan R. Smith Date of Receipt Mailing Address 8735 Henderson Road 20 2016 City State Zip Code Transaction ID: SA11AI.26080 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans. Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 961.50 Other (specify) Full Name (Last, First, Middle Initial) B. Alan R. Smith Date of Receipt Mailing Address 8735 Henderson Road 06 03 2016 City State Zip Code Transaction ID: SA11AI.26118 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1057.65 Full Name (Last, First, Middle Initial) c. Alan R. Smith Date of Receipt Mailing Address 8735 Henderson Road 17 06 2016 City State Zip Code Transaction ID: SA11AI.26392 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1153.80 Other (specify) 288.45 SUBTOTAL of Receipts This Page (optional).....

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ITEMIZED RECEIPTS Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Randall W. Smith Date of Receipt Mailing Address 8735 Henderson Road 04 08 2016 City State Zip Code Transaction ID: SA11AI.25092 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 269.22 Other (specify) Full Name (Last, First, Middle Initial) B. Randall W. Smith Date of Receipt Mailing Address 8735 Henderson Road 04 22 2016 City State Zip Code Transaction ID: SA11AI.25348 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 307,68 Full Name (Last, First, Middle Initial) c. Randall W. Smith Date of Receipt Mailing Address 8735 Henderson Road 06 05 2016 City State Zip Code Transaction ID: SA11AI.25764 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 346.14 Other (specify) 115.38 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Any information copied from such Reports and Statements may not be sold or used by any or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Randall W. Smith Date of Receipt Mailing Address 8735 Henderson Road 20 2016 City State Zip Code Transaction ID: SA11AI.26034 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 384.60 Other (specify) Full Name (Last, First, Middle Initial) B. Randall W. Smith Date of Receipt Mailing Address 8735 Henderson Road 06 03 2016 City State Zip Code Transaction ID: SA11AI.26167 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 423.06

Full Name (Last, First, Middle Initial) c. Randall W. Smith Date of Receipt Mailing Address 8735 Henderson Road 17 2016 06 Zip Code City State Transaction ID: SA11AI.26440 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 461.52 Other (specify)

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ITEMIZED RECEIPTS Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and add NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) A. Carol H. Steckel Date of Receipt Mailing Address 8735 Henderson Road 03 2016 City State Zip Code Transaction ID: SA11AI.26156 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 423.06 Other (specify) Full Name (Last, First, Middle Initial) **B.** Carol H. Steckel Date of Receipt Mailing Address 8735 Henderson Road 06 17 2016 City State Zip Code Transaction ID: SA11AI.26429 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 461.52 Full Name (Last, First, Middle Initial) c. Wesley K. Stiger Date of Receipt Mailing Address 8735 Henderson Road 03 06 2016 City State Zip Code Transaction ID: SA11AI.26224 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 211.53 Other (specify) 96.15 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and add NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Wesley K. Stiger Date of Receipt Mailing Address 8735 Henderson Road 2016 City State Zip Code Transaction ID: SA11AI.26498 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 230.76 Other (specify) Full Name (Last, First, Middle Initial) B. Derek A. Stratman Date of Receipt Mailing Address 8735 Henderson Road 04 80 2016 City State Zip Code Transaction ID: SA11AI.25065 FL 33634 Tampa Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 269,22 Full Name (Last, First, Middle Initial) c. Derek A. Stratman Date of Receipt Mailing Address 8735 Henderson Road 22 04 2016 City State Zip Code Transaction ID: SA11AI.25322 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 307.68 Other (specify) 96.15 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. F	the name and address of any political committee to PAC (WellCare PAC)	solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  Derek A. Stratman  Mailing Address 8735 Henderson Road  City Tampa  FEC ID number of contributing federal political committee.  Name of Employer  WellCare Health Plans, Inc.  Receipt For:  Primary  General  Other (specify)	State Zip Code FL 33634  C  Occupation health care  Aggregate Year-to-Date ▼  346.14	Date of Receipt    M
Full Name (Last, First, Middle Initial)  Derek A. Stratman  Mailing Address 8735 Henderson Road  City  Tampa  FEC ID number of contributing federal political committee.  Name of Employer  WellCare Health Plans, Inc.  Receipt For:  Primary  General  Other (specify)	State Zip Code FL 33634  C  Occupation health care  Aggregate Year-to-Date ▼  384.60	Date of Receipt    M
Full Name (Last, First, Middle Initial)  Derek A. Stratman  Mailing Address 8735 Henderson Road  City Tampa  FEC ID number of contributing federal political committee.  Name of Employer  WellCare Health Plans, Inc.  Receipt For:  Primary General Other (specify)	State Zip Code FL 33634  C  Occupation health care  Aggregate Year-to-Date ▼  423.06	Date of Receipt  06 03 2016  Transaction ID: SA11AI.26141  Amount of Each Receipt this Period  38.46  Memo Item
	)	115.38
TOTAL This Period (last page this line num	ber only)	

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Any information copied from such Reports and Statements means or for commercial purposes, other than using the name and NAME OF COMMITTEE (In Full)  Wellcare Health Plans, Inc. PAC (WellC Full Name (Last, First, Middle Initial)  Derek A. Stratman  Mailing Address 8735 Henderson Road	are PAC)	
Wellcare Health Plans, Inc. PAC (WellC  Full Name (Last, First, Middle Initial)  Derek A. Stratman	,	Date of Receipt
A. Derek A. Stratman		Date of Receipt
Primary General Other (specify) ▼		Transaction ID: SA11AI.26414  Amount of Each Receipt this Period  38.46  Memo Item
Full Name (Last, First, Middle Initial)  Charles N. Talbert  Mailing Address 8735 Henderson Road  City State Tampa FL  FEC ID number of contributing federal political committee.  Name of Employer WellCare Health Plans, Inc.  Receipt For: Primary General Other (specify)   Aggregate		Date of Receipt  06 03 2016  Transaction ID: SA11AI.26269  Amount of Each Receipt this Period  19.23  Memo Item
Full Name (Last, First, Middle Initial)  C. Charles N. Talbert  Mailing Address 8735 Henderson Road  City State Tampa FL  FEC ID number of contributing federal political committee.  Name of Employer  WellCare Health Plans, Inc.  Receipt For:  Primary General Other (specify) ▼  Aggregate		Date of Receipt  06 17 2016  Transaction ID: SA11AI.26543  Amount of Each Receipt this Period  19.23  Memo Item
SUBTOTAL of Receipts This Page (optional)  TOTAL This Period (last page this line number only)		76.92

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not be sold or used by any person for the purpose of soliciting contributions											

Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and address of any political committee to solicit contributions from NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) A. Cynthia Thompson Date of Receipt Mailing Address 8735 Henderson Road 04 08 2016 City State Zip Code Transaction ID: SA11AI.25083 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 269.22 Other (specify) Full Name (Last, First, Middle Initial) B. Cynthia Thompson Date of Receipt Mailing Address 8735 Henderson Road 04 22 2016 City State Zip Code Transaction ID: SA11AI.25339 FL 33634 Tampa Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 307.68 Full Name (Last, First, Middle Initial) **c.** Cynthia Thompson Date of Receipt Mailing Address 8735 Henderson Road 06 05 2016 City State Zip Code Transaction ID: SA11AI.25755 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 346.14 Other (specify) 115.38 SUBTOTAL of Receipts This Page (optional).....

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WellCare Health Plans, Inc. health	33634 pation	Date of Receipt  05 20 2016  Transaction ID: SA11Al.26025  Amount of Each Receipt this Period  38.46  Memo Item
WellCare Health Plans, Inc. health	33634 pation	Date of Receipt  06 03 2016  Transaction ID: SA11Al.26158  Amount of Each Receipt this Period  38.46  Memo Item
WellCare Health Plans, Inc. health	•	Date of Receipt    M
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Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and add NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Elissa A. Toder Date of Receipt Mailing Address 8735 Henderson Road 03 2016 City State Zip Code Transaction ID: SA11AI.26285 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 211.53 Other (specify) Full Name (Last, First, Middle Initial) B. Elissa A. Toder Date of Receipt Mailing Address 8735 Henderson Road 06 17 2016 City State Zip Code Transaction ID: SA11AI.26559 FL 33634 Tampa Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 230.76 Full Name (Last, First, Middle Initial) **c.** Blair Todt Date of Receipt Mailing Address 8735 Henderson Road 80 04 2016 Zip Code City State Transaction ID: SA11AI.25021 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 192.30 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1346.10 Other (specify) 230.76 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

Blair Todt

Mailing Address 8735 Henderson Road

City

State

Zip Code

Transaction ID: SA11Al.25278

١.	Blair Todt		Date of Receipt
	Mailing Address 8735 Henderson Road		04 22 2016
	City	State Zip Code	Transaction ID : SA11AI.25278
	Tampa	FL 33634	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	192.30
	Name of Employer	Occupation	Memo Item
	WellCare Health Plans, Inc.	health care	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1538.40	
2	Full Name (Last, First, Middle Initial) Blair Todt		Date of Receipt
٠.	Mailing Address 8735 Henderson Road		05 06 2016
	City	State Zip Code	Transaction ID : SA11AI.25825
	Tampa	FL 33634	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	192.30
	Name of Employer	Occupation	Memo Item
	WellCare Health Plans, Inc.	health care	_
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	1730.70	
).	Full Name (Last, First, Middle Initial) Blair Todt		Date of Receipt
	Mailing Address 8735 Henderson Road		05 20 2016
	City	State Zip Code	Transaction ID : SA11AI.26088
	Tampa	FL 33634	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	192.30
	Name of Employer	Occupation	Memo Item
	WellCare Health Plans, Inc.	health care	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	1923.00	
s	SUBTOTAL of Receipts This Page (optional)		576.90
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not be sold or used by any person for the purpose of soliciting contributions											

Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Blair Todt Date of Receipt Mailing Address 8735 Henderson Road 03 2016 City State Zip Code Transaction ID: SA11AI.26094 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 192.30 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 2115.30 Other (specify) Full Name (Last, First, Middle Initial) **B.** Blair Todt Date of Receipt Mailing Address 8735 Henderson Road 06 17 2016 City State Zip Code Transaction ID: SA11AI.26368 FL 33634 Tampa Amount of Each Receipt this Period FEC ID number of contributing 192.30 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 2307.60 Full Name (Last, First, Middle Initial) c. Miguel Torres Date of Receipt Mailing Address 8735 Henderson Road 03 06 2016 Zip Code City State Transaction ID: SA11AI.26277 FL Tampa 33634 Amount of Each Receipt this Period

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SUBTOTAL of Receipts This Page (optional)		7	- 1	_	403.83		
TOTAL This Period (last page this line number	only)		7	7	_		$\Box$

211.53

C

Occupation

health care

Aggregate Year-to-Date ▼

FEC ID number of contributing

federal political committee.

WellCare Health Plans, Inc.

Other (specify)

General

Name of Employer

Primary

Receipt For:

19.23

Memo Item

FOR LINE NUMBER: PAGE 221 OF 258 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 13 14 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Miguel Torres Date of Receipt Mailing Address 8735 Henderson Road 2016 City State Zip Code Transaction ID: SA11AI.26551 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 230.76 Other (specify) Full Name (Last, First, Middle Initial) B. Crysten C. Troutman Date of Receipt Mailing Address 8735 Henderson Road 06 03 2016 City State Zip Code Transaction ID: SA11AI.26209 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 211.53 Full Name (Last, First, Middle Initial) c. Crysten C. Troutman Date of Receipt Mailing Address 8735 Henderson Road 06 17 2016 City State Zip Code Transaction ID: SA11AI.26483 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 230.76 Other (specify) 57.69 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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ITEMIZED RECEIPTS Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Michelle Turano Date of Receipt Mailing Address 8735 Henderson Road 06 2016 City State Zip Code Transaction ID: SA11AI.25812 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 249.99 Other (specify) Full Name (Last, First, Middle Initial) **B.** Michelle Turano Date of Receipt Mailing Address 8735 Henderson Road 20 05 2016 City State Zip Code Transaction ID: SA11AI.26076 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 346,14 Full Name (Last, First, Middle Initial) c. Michelle Turano Date of Receipt Mailing Address 8735 Henderson Road 03 06 2016 City State Zip Code Transaction ID: SA11AI.26114 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 442.29 Other (specify) 288.45 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and add NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Michelle Turano Date of Receipt Mailing Address 8735 Henderson Road 2016 City State Zip Code Transaction ID: SA11AI.26388 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 538.44 Other (specify) Full Name (Last, First, Middle Initial) **B.** Anthony J. Valdes Date of Receipt Mailing Address 8735 Henderson Road 06 03 2016 City State Zip Code Transaction ID: SA11AI.26246 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 211.53 Full Name (Last, First, Middle Initial) **c.** Anthony J. Valdes Date of Receipt Mailing Address 8735 Henderson Road 17 2016 06 City State Zip Code Transaction ID: SA11AI.26521 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 230.76 Other (specify) 134.61 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any persone name and address of any political committee to	son for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  Wellcare Health Plans, Inc. PA	AC (WellCare PAC)	
Full Name (Last, First, Middle Initial) Lisa VanSteelant Mailing Address 8735 Henderson Road		Date of Receipt
City	State Zip Code	04 08 2016
Tampa	FL 33634	Transaction ID : SA11AI.25106  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	38.46
Name of Employer WellCare Health Plans, Inc.	Occupation health care	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 269.22	
Full Name (Last, First, Middle Initial) Lisa VanSteelant Mailing Address 8735 Henderson Road	•	Date of Receipt
		04 22 2016
City	State Zip Code	Transaction ID : SA11AI.25362
Tampa	FL 33634	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	38.46
Name of Employer WellCare Health Plans, Inc.	Occupation health care	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 307.68	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address 8735 Henderson Road		05 06 2016
City Tampa	State Zip Code FL 33634	Transaction ID : SA11AI.25785
FEC ID number of contributing federal political committee.	C 33034	Amount of Each Receipt this Period  38.46
Name of Employer	Occupation	Memo Item
WellCare Health Plans, Inc.	health care	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 346.14	
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FOR LINE NUMBER: PAGE 225 OF 258 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Lisa VanSteelant Date of Receipt Mailing Address 8735 Henderson Road 20 2016 City State Zip Code Transaction ID: SA11AI.26053 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 384.60 Other (specify) Full Name (Last, First, Middle Initial) B. Lisa VanSteelant Date of Receipt Mailing Address 8735 Henderson Road 06 03 2016 City State Zip Code Transaction ID: SA11AI.26186 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 423,06 Full Name (Last, First, Middle Initial) c. Lisa VanSteelant Date of Receipt Mailing Address 8735 Henderson Road 06 17 2016 City State Zip Code Transaction ID: SA11AI.26458 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing С 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 461.52 Other (specify) 115.38 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Leonel Viel Date of Receipt Mailing Address 8735 Henderson Road 03 2016 City State Zip Code Transaction ID: SA11AI.26287 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans. Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 211.53 Other (specify) Full Name (Last, First, Middle Initial) B. Leonel Viel Date of Receipt Mailing Address 8735 Henderson Road 06 17 2016 City State Zip Code Transaction ID: SA11AI.26561 FL 33634 Tampa Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 230.76 Full Name (Last, First, Middle Initial) c. Timothy R. Waggoner Date of Receipt Mailing Address 8735 Henderson Road 03 06 2016 City State Zip Code Transaction ID: SA11AI.26302 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 211.53 Other (specify) 57.69 SUBTOTAL of Receipts This Page (optional).....

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Any information copied from such Reports and Statements may not be sold or used b or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Timothy R. Waggoner Date of Receipt Mailing Address 8735 Henderson Road 2016 City State Zip Code Transaction ID: SA11AI.26576 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans. Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 230.76 Other (specify) Full Name (Last, First, Middle Initial) B. Ballard P. Walden Date of Receipt Mailing Address 8735 Henderson Road 06 03 2016 City State Zip Code Transaction ID: SA11AI.26273 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 211.53 Full Name (Last, First, Middle Initial) c. Ballard P. Walden Date of Receipt Mailing Address 8735 Henderson Road 17 06 2016 City State Zip Code Transaction ID: SA11AI.26547 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 230.76 Other (specify) 57.69 SUBTOTAL of Receipts This Page (optional).....

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Crystal W. Walker Date of Receipt Mailing Address 8735 Henderson Road 03 2016 City State Zip Code Transaction ID: SA11AI.26233 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 211.53 Other (specify) Full Name (Last, First, Middle Initial) B. Crystal W. Walker Date of Receipt Mailing Address 8735 Henderson Road 06 17 2016 City State Zip Code Transaction ID: SA11AI.26507 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 230.76 Full Name (Last, First, Middle Initial) c. Ed Wang Date of Receipt Mailing Address 8735 Henderson Road 80 04 2016 City State Zip Code Transaction ID: SA11AI.25054 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 41.66 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 291.62 Other (specify) 80.12 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

/		
Full Name (Last, First, Middle Initial)  Ed Wang  Mailing Address 8735 Henderson Road		Date of Receipt  M = M / D = D / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y
City Tampa  FEC ID number of contributing federal political committee.  Name of Employer	State Zip Code FL 33634  C Occupation	Transaction ID : SA11AI.25311  Amount of Each Receipt this Period  41.66  Memo Item
WellCare Health Plans, Inc.  Receipt For:  □ Primary □ General □ Other (specify) ▼	health care  Aggregate Year-to-Date ▼  333.28	
Full Name (Last, First, Middle Initial)  Ed Wang  Mailing Address 8735 Henderson Road  City	State Zip Code	Date of Receipt  05 06 2016  Transaction ID: SA11AI.25791
Tampa  FEC ID number of contributing federal political committee.  Name of Employer WellCare Health Plans, Inc.  Receipt For:	FL 33634  C Occupation health care  Aggregate Year-to-Date ▼	Amount of Each Receipt this Period 41.66  Memo Item
Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Ed Wang  Mailing Address 8735 Henderson Road	374.94	Date of Receipt
City Tampa  FEC ID number of contributing federal political committee.  Name of Employer  WellCare Health Plans, Inc.  Receipt For:  Primary General Other (specify) ▼	State Zip Code FL 33634  C  Occupation health care  Aggregate Year-to-Date ▼  416.60	7 Transaction ID : SA11AI.26058  Amount of Each Receipt this Period  41.66  Memo Item
SUBTOTAL of Receipts This Page (optional).		124.98
TOTAL This Period (last page this line numb	er only)	

FOR LINE NUMBER: PAGE 230 OF 258 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Ed Wang Date of Receipt Mailing Address 8735 Henderson Road 2016 0.3 City State Zip Code Transaction ID: SA11AI.26128 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 41.66 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 458.26 Other (specify) Full Name (Last, First, Middle Initial) B. Ed Wang Date of Receipt Mailing Address 8735 Henderson Road 06 17 2016 City State Zip Code Transaction ID: SA11AI.26402 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 41.66 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 499,92 Full Name (Last, First, Middle Initial) c. Kathy C. Warner Date of Receipt Mailing Address 8735 Henderson Road 03 06 2016 City State Zip Code Transaction ID: SA11AI.26289 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 211.53 Other (specify) 102.55 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(che	R LINE ck onl			R:	PAC	E :	231 OF	258
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	ny information copied from such Reports and for commercial purposes, other than using the											
	NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PA	C (WellCa	are PAC)									
Α.	Full Name (Last, First, Middle Initial) Kathy C. Warner				Date of Receipt							
	Mailing Address 8735 Henderson Road				м = м	/		7	/ [		2016	1
	City Tampa	State FL	Zip Code 33634						SA11A eceipt t			
	FEC ID number of contributing federal political committee.	С			7		7	_	,	_	19.23	
	Name of Employer	Occupation	1	- I	Me	mo l	tem					
	WellCare Health Plans, Inc.	health care										
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼  230.76									
— В.	Full Name (Last, First, Middle Initial)  Dale Washington	<u> </u>			Date o	f Re	ceipt					
	Mailing Address 8735 Henderson Road				M = M	/	D	D 08	7 /		y y y y 2016 _	1
	City	State	Zip Code		Trans	acti	on ID	) : {	SA11AI			
	Tampa	FL	33634		moun	t of	Each	Re	eceipt t	his	Period	
	FEC ID number of contributing federal political committee.	C					7		- 7	_	38.46	
	Name of Employer	Occupation	1	$\dashv$	Me	mo	ltem					
	WellCare Health Plans, Inc.	health care										
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼  269.22	]								
<del>-</del> С.	Full Name (Last, First, Middle Initial) Dale Washington			[	Date o	f Re	ceipt					
	Mailing Address 8735 Henderson Road				M M	_ ′		22	/ [		2016	
	City Tampa	State FL	Zip Code 33634						SA11A eceipt t			
	FEC ID number of contributing federal political committee.	С					7		,	_	38.46	
	Name of Employer	Occupation	1	→         I	Me	mo l	ltem					

health care

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Aggregate Year-to-Date ▼

307.68

WellCare Health Plans, Inc.

Other (specify) ▼

General

Receipt For:

Primary

96.15

Use separate schedule(s) for each category of the Detailed Summary Page	F	OR	LINE	NU	MBER	:	PAGE	2	32 OF	258
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not be sold or used by any person for the purpose of soliciting contributions										

Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Dale Washington Date of Receipt Mailing Address 8735 Henderson Road 06 2016 City State Zip Code Transaction ID: SA11AI.25760 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 346.14 Other (specify) Full Name (Last, First, Middle Initial) B. Dale Washington Date of Receipt Mailing Address 8735 Henderson Road 05 20 2016 City State Zip Code Transaction ID: SA11AI.26030 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 384,60 Full Name (Last, First, Middle Initial) c. Dale Washington Date of Receipt Mailing Address 8735 Henderson Road 03 06 2016 City State Zip Code Transaction ID: SA11AI.26163 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 423.06 Other (specify)

SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

115.38

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not be sold or used by any person for the purpose of soliciting contributions										

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Dale Washington Date of Receipt Mailing Address 8735 Henderson Road 2016 City State Zip Code Transaction ID: SA11AI.26436 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans. Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 461.52 Other (specify) Full Name (Last, First, Middle Initial) B. William K. Watson Date of Receipt Mailing Address 8735 Henderson Road 04 80 2016 City State Zip Code Transaction ID: SA11AI.25055 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 280,00 Full Name (Last, First, Middle Initial) c. William K. Watson Date of Receipt Mailing Address 8735 Henderson Road 04 22 2016 City State Zip Code Transaction ID: SA11AI.25312 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 320.00 Other (specify)

118.46 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

Other (specify)

## SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

	FC	R	LINE	NU	MBER	:	PAGE	2	34 OF	258
Use separate schedule(s) for each category of the	(cl	ne	ck only	or	ie)					
Detailed Summary Page		X	11a		11b		11c		12	
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) William K. Watson Date of Receipt Mailing Address 8735 Henderson Road 06 2016 City State Zip Code Transaction ID: SA11AI.25790 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 360.00 Other (specify) Full Name (Last, First, Middle Initial) B. William K. Watson Date of Receipt Mailing Address 8735 Henderson Road 05 20 2016 City State Zip Code Transaction ID: SA11AI.26057 FL 33634 Tampa Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General

Full Name (Last, First, Middle Initial) William K. Watson		Date of Receipt
Mailing Address 8735 Henderson Road		06 03 2016
City	State Zip Code	Transaction ID : SA11AI.26129
Tampa	FL 33634	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer	Occupation	Memo Item
WellCare Health Plans, Inc.	health care	
Receipt For:	Aggregate Year-to-Date ▼	_
Primary General  Other (specify) ▼	440.00	

400.00

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FOR LINE NUMBER: PAGE 235 OF 258 Use separate schedule(s) for each category of the (check only one)

TEWIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12 12 15 16 17									
or for commercial purposes, other than using t			erson for the purpose of soliciting contributions									
Wellcare Health Plans, Inc. PA	AC (WellCa	are PAC)										
Full Name (Last, First, Middle Initial)  A. William K. Watson			Date of Receipt									
Mailing Address 8735 Henderson Road			06 17 2016									
City	State	Zip Code	Transaction ID : SA11AI.26403									
Tampa	FL	33634	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		40.00									
Name of Employer	Occupation	1	Memo Item									
WellCare Health Plans, Inc.	health care											
Receipt For:	Aggregate	Year-to-Date ▼										
Primary General  Other (specify) ▼		480.00										
Full Name (Last, First, Middle Initial)  3. Marcia L. Welch	1		Date of Receipt									
Mailing Address 8735 Henderson Road			06 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y									
City	State	Zip Code	Transaction ID : SA11AI.26252									
Tampa	FL	33634	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		19.23									
Name of Employer WellCare Health Plans, Inc.	Occupation health care	1	Memo Item									
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 211.53										
Full Name (Last, First, Middle Initial)  C. Richard A. Wellons			Date of Receipt									
Mailing Address 8735 Henderson Road			06 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y									
City Tampa	State FL	Zip Code 33634	Transaction ID : SA11AI.26234  Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		19.23									
Name of Employer	Occupation	1	Memo Item									
WellCare Health Plans, Inc.	health care											
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 211.53										
SUBTOTAL of Receipts This Page (optional).			78.46									
TOTAL This Period (last page this line number												

FOR LINE NUMBER: PAGE 236 OF 258 Use separate schedule(s) (check only one)

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Any information copied from such Reports and State or for commercial purposes, other than using the na		
NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (	(WellCare PAC)	
WellCare Health Plans, Inc.  Receipt For:  Primary General  Other (specify) ▼	State Zip Code FL 33634  C  Description nealth care  Aggregate Year-to-Date ▼  230.76	Date of Receipt  06 17 2016  Transaction ID: SA11AI.26508  Amount of Each Receipt this Period  19.23  Memo Item
WellCare Health Plans, Inc.	State Zip Code FL 33634  C  Description The ealth care  Aggregate Year-to-Date ▼  211.53	Date of Receipt  06 03 2016  Transaction ID: SA11AI.26293  Amount of Each Receipt this Period  19.23  Memo Item
WellCare Health Plans, Inc.	State Zip Code FL 33634  C  Description nealth care  Aggregate Year-to-Date ▼  230.76	Date of Receipt  06 17 2016  Transaction ID: SA11AI.26567  Amount of Each Receipt this Period  19.23  Memo Item
SUBTOTAL of Receipts This Page (optional)	)	57.69
TOTAL This Period (last page this line number onl	y)	

Use separate schedule(s) for each category of the Detailed Summary Page	FOR	LINE	NU	MBER	:	PAGE	23	7 OF	1	258
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

Jessica White

Date of Receipt

/		•	
١.	Full Name (Last, First, Middle Initial) Jessica White Mailing Address 8735 Henderson Road		Date of Receipt
	City	State Zip Code	04 08 2016 Transaction ID : SA11Al.25064
	Tampa	FL 33634	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	38.46 Memo Item
	Name of Employer	Occupation	Memo item
	WellCare Health Plans, Inc.	health care	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  269.22	
3.	Full Name (Last, First, Middle Initial) Jessica White		Date of Receipt
	Mailing Address 8735 Henderson Road	04 22 2016	
	City	State Zip Code	Transaction ID : SA11AI.25321
	Tampa	FL 33634	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	38.46
	Name of Employer WellCare Health Plans, Inc.	Occupation health care	Memo Item
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 307.68	
).	Full Name (Last, First, Middle Initial)  Jessica White		Date of Receipt
	Mailing Address 8735 Henderson Road		05 06 2016
	City	State Zip Code	Transaction ID : SA11AI.25737
	Tampa	FL 33634	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С	38.46
	Name of Employer	Occupation	Memo Item
	WellCare Health Plans, Inc.	health care	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  346.14	
s	UBTOTAL of Receipts This Page (optional)		115.38
Т	OTAL This Period (last page this line number of	only)	

FOR LINE NUMBER: PAGE 238 OF 258 Use separate schedule(s) (check only one) for each category of the X 11a 11b 11c 12 Detailed Summary Page 14 13 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Jessica White Date of Receipt Mailing Address 8735 Henderson Road 20 2016 City State Zip Code Transaction ID: SA11AI.26005 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 384.60 Other (specify) Full Name (Last, First, Middle Initial) B. Jessica White Date of Receipt Mailing Address 8735 Henderson Road 06 03 2016 City State Zip Code Transaction ID: SA11AI.26139 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 423,06 Full Name (Last, First, Middle Initial) c. Jessica White Date of Receipt Mailing Address 8735 Henderson Road 06 17 2016 City State Zip Code Transaction ID: SA11AI.26413 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing С 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 461.52 Other (specify) 115.38 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 239 OF 258 Use separate schedule(s) (check only one) for each category of the X 11a 11b 11c 12 Detailed Summary Page 14 13 15 16

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Marketa Wills Date of Receipt Mailing Address 8735 Henderson Road 20 2016 City State Zip Code Transaction ID: SA11AI.26036 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 384.60 Other (specify) Full Name (Last, First, Middle Initial) B. Marketa Wills Date of Receipt Mailing Address 8735 Henderson Road 06 03 2016 City State Zip Code Transaction ID: SA11AI.26169 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 423,06 Full Name (Last, First, Middle Initial) c. Marketa Wills Date of Receipt Mailing Address 8735 Henderson Road 06 17 2016 City State Zip Code Transaction ID: SA11AI.26442 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 461.52 Other (specify) 115.38 SUBTOTAL of Receipts This Page (optional).....

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not be sold or used by any person for the purpose of soliciting contributions												

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

$ \rangle$	Wellcare Health Plans, Inc. PA	AC (WellCare PAC)	
Δ.	Full Name (Last, First, Middle Initial) Chang Xie		Date of Receipt
	Mailing Address 8735 Henderson Road		06 03 _ 2016 _
	City	State Zip Code	Transaction ID : SA11AI.26301
	Tampa	FL 33634	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	19.23
	Name of Employer	Occupation	Memo Item
	WellCare Health Plans, Inc.	health care	
	Receipt For:  Primary  General	Aggregate Year-to-Date ▼	
	Other (specify) ▼	211.53	
<del></del> В.	Full Name (Last, First, Middle Initial) Chang Xie	Date of Receipt	
	Mailing Address 8735 Henderson Road		06 17 2016
	City	State Zip Code	Transaction ID : SA11AI.26575
	Tampa	FL 33634	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	19.23
	Name of Employer WellCare Health Plans, Inc.	Occupation health care	Memo Item
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General  Other (specify) ▼	230.76	
<del>С</del> .	Full Name (Last, First, Middle Initial) Shaojuan Xie		Date of Receipt
	Mailing Address 8735 Henderson Road		06 03 2016
	City	State Zip Code	Transaction ID : SA11AI.26248
	Tampa	FL 33634	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	19.23
	Name of Employer	Occupation	Memo Item
	WellCare Health Plans, Inc.	health care	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General	Aggregate real to Bate v	
	Other (specify) ▼	211.53	
s	SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	57.69
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NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC	C (WellCare PAC)	
Full Name (Last, First, Middle Initial) Shaojuan Xie  Mailing Address 8735 Henderson Road  City Tampa  FEC ID number of contributing federal political committee.  Name of Employer  WellCare Health Plans, Inc.  Receipt For:  Primary General Other (specify)	State Zip Code FL 33634  C  Occupation health care  Aggregate Year-to-Date ▼  230.76	Date of Receipt  06 17 2016  Transaction ID: SA11AI.26523  Amount of Each Receipt this Period  19.23  Memo Item
Full Name (Last, First, Middle Initial) Yan Xiong  Mailing Address 8735 Henderson Road  City Tampa  FEC ID number of contributing federal political committee.  Name of Employer WellCare Health Plans, Inc.  Receipt For: Primary General Other (specify)	State Zip Code FL 33634  C  Occupation health care  Aggregate Year-to-Date ▼  673.05	Date of Receipt  O4 08 2016  Transaction ID: SA11AI.25045  Amount of Each Receipt this Period  96.15  Memo Item
Full Name (Last, First, Middle Initial) Yan Xiong  Mailing Address 8735 Henderson Road  City Tampa  FEC ID number of contributing federal political committee.  Name of Employer WellCare Health Plans, Inc.  Receipt For: Primary General Other (specify)	State Zip Code FL 33634  C  Occupation health care  Aggregate Year-to-Date ▼  769.20	Date of Receipt  04 22 2016  Transaction ID: SA11AI.25302  Amount of Each Receipt this Period  96.15  Memo Item
SUBTOTAL of Receipts This Page (optional)		211.53
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not be sold or used by any person for the purpose of soliciting contributions											

Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Yan Xiong Date of Receipt Mailing Address 8735 Henderson Road 06 2016 City State Zip Code Transaction ID: SA11AI.25817 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans. Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 865.35 Other (specify) Full Name (Last, First, Middle Initial) B. Yan Xiong Date of Receipt Mailing Address 8735 Henderson Road 05 20 2016 City State Zip Code Transaction ID: SA11AI.26081 FL 33634 Tampa Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 961.50 Full Name (Last, First, Middle Initial) c. Yan Xiong Date of Receipt Mailing Address 8735 Henderson Road 03 06 2016 City State Zip Code Transaction ID: SA11AI.26119 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 1057.65 Other (specify) 288.45 SUBTOTAL of Receipts This Page (optional).....

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	FOR LINE NUMBER:	PAGE 244 OF 258								
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NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc	. PAC (WellCare PAC)	
Full Name (Last, First, Middle Initial) Yan Xiong Mailing Address 8735 Henderson Road	1	Date of Receipt
City	State Zip Code	06 17 2016 Transaction ID : SA11AI.26393
Tampa  FEC ID number of contributing federal political committee.	FL 33634	Amount of Each Receipt this Period 96.15
Name of Employer WellCare Health Plans, Inc. Receipt For:	Occupation health care  Aggregate Year-to-Date ▼	Memo Item
Primary General Other (specify) ▼	1153.80	
Full Name (Last, First, Middle Initial)  B. Mary Virginia Yates  Mailing Address 8735 Henderson Road	Date of Receipt  06 03 _ 2016 _	
City Tampa FEC ID number of contributing	State Zip Code FL 33634	Transaction ID : SA11Al.26291  Amount of Each Receipt this Period
federal political committee.  Name of Employer WellCare Health Plans, Inc.	Occupation	19.23 Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  211.53	
Full Name (Last, First, Middle Initial)  C. Mary Virginia Yates		Date of Receipt
Mailing Address 8735 Henderson Road City	State Zip Code	06 17 2016  Transaction ID : SA11Al.26565
Tampa FEC ID number of contributing	FL 33634	Amount of Each Receipt this Period
federal political committee.	[C]	19.23 Memo Item
Name of Employer  WellCare Health Plans, Inc.  Receipt For:  Primary  General	Occupation health care  Aggregate Year-to-Date ▼	Memoritem
Other (specify) ▼  SUBTOTAL of Receipts This Page (optic	230.76 onal)	134.61
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ITEMIZED RECEIPTS Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Yin Yiu Date of Receipt Mailing Address 8735 Henderson Road 03 2016 City State Zip Code Transaction ID: SA11AI.26216 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans. Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 211.53 Other (specify) Full Name (Last, First, Middle Initial) B. Yin Yiu Date of Receipt Mailing Address 8735 Henderson Road 06 17 2016 City State Zip Code Transaction ID: SA11AI.26490 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 230.76 Full Name (Last, First, Middle Initial) c. Belinda Young Date of Receipt Mailing Address 8735 Henderson Road 03 06 2016 City State Zip Code Transaction ID: SA11AI.26200 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 211.53 Other (specify) 57.69 SUBTOTAL of Receipts This Page (optional).....

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NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (We	ellCare PAC)	
WellCare Health Plans, Inc. health	33634 pation	Date of Receipt  06 17 2016  Transaction ID: SA11Al.26473  Amount of Each Receipt this Period  19.23  Memo Item
WellCare Health Plans, Inc. health	33634 pation	Date of Receipt  06 03 2016  Transaction ID: SA11AI.26282  Amount of Each Receipt this Period  19.23  Memo Item
WellCare Health Plans, Inc. health	33634 pation	Date of Receipt  17 2016  Transaction ID: SA11Al.26556  Amount of Each Receipt this Period  19.23  Memo Item
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ITEMIZED RECEIPTS Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Michael Carl Yount Date of Receipt Mailing Address 8735 Henderson Road 04 08 2016 City State Zip Code Transaction ID: SA11AI.25029 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans. Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 673.05 Other (specify) Full Name (Last, First, Middle Initial) B. Michael Carl Yount Date of Receipt Mailing Address 8735 Henderson Road 04 22 2016 City State Zip Code Transaction ID: SA11AI.25286 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 769.20 Full Name (Last, First, Middle Initial) c. Michael Carl Yount Date of Receipt Mailing Address 8735 Henderson Road 06 05 2016 City State Zip Code Transaction ID: SA11AI.25800 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 96.15 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 865.35 Other (specify)

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X   11a
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NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (	WellCare PAC)	
Name of Employer  WellCare Health Plans, Inc.  Receipt For:  Primary  General  Other (specify) ▼	State Zip Code FL 33634  C  Description ealth care  Aggregate Year-to-Date ▼  961.50	Date of Receipt  05 20 2016  Transaction ID: SA11Al.26064  Amount of Each Receipt this Period  96.15  Memo Item
Name of Employer WellCare Health Plans, Inc.	State Zip Code FL 33634  C  Decupation ealth care  Aggregate Year-to-Date ▼  1057.65	Date of Receipt  06 03 2016  Transaction ID: SA11AI.26102  Amount of Each Receipt this Period  96.15  Memo Item
WellCare Health Plans, Inc.	State Zip Code FL 33634  C  Decupation lealth care  Aggregate Year-to-Date ▼  1153.80	Date of Receipt    Mark
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Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and address of any political committee to solicit contributions from NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Annette L. Zerbe Date of Receipt Mailing Address 8735 Henderson Road 03 2016 City State Zip Code Transaction ID: SA11AI.26205 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 211.53 Other (specify) Full Name (Last, First, Middle Initial) B. Annette L. Zerbe Date of Receipt Mailing Address 8735 Henderson Road 06 17 2016 City Zip Code State Transaction ID: SA11AI.26479 FL 33634 Tampa Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 230.76 Other (specify)

Full Name (Last, First, Middle Initial) Le Zheng		Date of Receipt
Mailing Address 8735 Henderson Road		06 03 2016 _
City	State Zip Code	Transaction ID : SA11AI.26226
Tampa	FL 33634	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	19.23
Name of Employer	Occupation	Memo Item
WellCare Health Plans, Inc.	health care	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	211.53	

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 250 OF 258 (check only one)    X   11a
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  Wellcare Health Plans, Inc. PA  Full Name (Last, First, Middle Initial)  A. Le Zheng  Mailing Address 8735 Henderson Road  City  Tampa  FEC ID number of contributing federal political committee.  Name of Employer  WellCare Health Plans, Inc.  Receipt For:  Primary  General  Other (specify)	State FL  Occupation health care	Zip Code 33634	Date of Receipt  Date of Receipt  M M J 2016  Transaction ID: SA11AI.26500  Amount of Each Receipt this Period  Memo Item
Full Name (Last, First, Middle Initial)  Carlene C. Zincke  Mailing Address 8735 Henderson Road  City Tampa  FEC ID number of contributing federal political committee.  Name of Employer WellCare Health Plans, Inc.  Receipt For:  Primary General Other (specify)	State FL  C  Occupation health care  Aggregate	Zip Code 33634 Year-to-Date ▼ 269,22	Date of Receipt  M M M
Full Name (Last, First, Middle Initial)  C. Carlene C. Zincke  Mailing Address 8735 Henderson Road  City Tampa  FEC ID number of contributing federal political committee.  Name of Employer  WellCare Health Plans, Inc.  Receipt For:  Primary  General  Other (specify)	State FL  C  Occupation health care  Aggregate		Date of Receipt  O4 22 2016  Transaction ID: SA11AI.25319  Amount of Each Receipt this Period  38.46  Memo Item

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Any information copied from such Reports and Statements may

or for commercial purposes, other than using	the name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. P.	AC (WellCare PAC)	
Full Name (Last, First, Middle Initial)  Carlene C. Zincke  Mailing Address 8735 Henderson Road		Date of Receipt
City	State Zip Code	05 06 2016 Transaction ID : SA11Al.25733
Tampa  FEC ID number of contributing federal political committee.	FL 33634	Amount of Each Receipt this Period 38.46
Name of Employer WellCare Health Plans, Inc. Receipt For:	Occupation health care  Aggregate Year-to-Date ▼	- Memo Item
Primary General Other (specify) ▼	346.14	
Full Name (Last, First, Middle Initial)  Carlene C. Zincke  Mailing Address 8735 Henderson Road		Date of Receipt  05 20 2016
City Tampa FEC ID number of contributing	State Zip Code FL 33634	Transaction ID : SA11Al.26002  Amount of Each Receipt this Period  38.46
federal political committee.  Name of Employer  WellCare Health Plans, Inc.	Occupation health care	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 384.60	
Full Name (Last, First, Middle Initial) Carlene C. Zincke  Mailing Address 8735 Henderson Road		Date of Receipt
City Tampa	State Zip Code FL 33634	06 03 2016  Transaction ID : SA11AI.26136  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	38.46
Name of Employer WellCare Health Plans, Inc. Receipt For:	Occupation health care  Aggregate Year-to-Date ▼	Memo Item
Primary General Other (specify) ▼	Aggregate Teal-to-Date ¥	
SUBTOTAL of Receipts This Page (optional).	•	115.38
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Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and add NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (WellCare PAC) Full Name (Last, First, Middle Initial) Carlene C. Zincke Date of Receipt Mailing Address 8735 Henderson Road 2016 City State Zip Code Transaction ID: SA11AI.26410 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 38.46 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 461.52 Other (specify) Full Name (Last, First, Middle Initial) B. Scott R. Zinna Date of Receipt Mailing Address 8735 Henderson Road 06 03 2016 City State Zip Code Transaction ID: SA11AI.26296 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 211.53 Full Name (Last, First, Middle Initial) c. Scott R. Zinna Date of Receipt Mailing Address 8735 Henderson Road 17 06 2016 Zip Code City State Transaction ID: SA11AI.26570 FL Tampa 33634 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Memo Item Name of Employer Occupation WellCare Health Plans, Inc. health care Receipt For: Aggregate Year-to-Date ▼ Primary General 230.76 Other (specify) 76.92 SUBTOTAL of Receipts This Page (optional)..... 38029.07

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SCHEDULE B (FEC Form 3X) TEMIZED DISBURSEMENTS	Use separate schedule(s)	FOR LINE I	
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NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (V	VellCare PAC)		
Full Name (Last, First, Middle Initial)			
Boozman for Arkansas  Mailing Address P. O. Box 671			Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	7.0		00 04 2010
Rogers	State Zip Code AR 72757		Transaction ID : SB23.25540
Purpose of Disbursement contribution		· · · ·	Amount of Each Disbursement this Period
Candidate Name		Category/	2500.00
John Boozman  Office Sought: House Disbursen	nent For: 2016	Type	
X Senate	Primary		Memo Item
State: AR District:			
Full Name (Last, First, Middle Initial)  Georgians for Isakson			Date of Disbursement
Mailing Address P. O. Box 250116			05 04 7 2016
City S Atlanta	State Zip Code GA 30325		Transaction ID : SB23.25536
Purpose of Disbursement contribution	30323		Amount of Food Dichuracment this Davied
Candidate Name		Category/	Amount of Each Disbursement this Period
John Hardy Isakson		Type	5000.00
X Senate	nent For: 2016  Primary		Memo Item
Full Name (Last, First, Middle Initial)			
Guthrie for Congress			Date of Disbursement
Mailing Address 504 Derek Avenue			05 04 2016
Elizabethtown	State Zip Code KY 42701		Transaction ID : SB23.25539
Purpose of Disbursement contribution			Amount of Each Disbursement this Period
Candidate Name S. Brett Guthrie		Category/ Type	2500.00
Office Sought: House Disbursen Senate	nent For: 2016  Primary General  Other (specify)	NE -	Memo Item
SUBTOTAL of Disbursements This Page (optional)			10000.00
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Wellcare Health Plans, Inc. PAC (W	vellCare PAC)		
Hoyer's Majority Fund  Mailing Address 700 13th Stret, N.W.			Date of Disbursement  05 06 2016
	state Zip Code		Transaction ID : SB23.25543
Washington Purpose of Disbursement contribution Candidate Name	DC 20005	Category/	Amount of Each Disbursement this Period
Senate	nent For: 2016 Primary General Other (specify)	Type	2500.00 Memo Item
Full Name (Last, First, Middle Initial)  Rand Paul Victory Kentucky			Date of Disbursement
,	state Zip Code KY 41072		06 17 2016  Transaction ID : SB23.26367
Purpose of Disbursement			
contribution  Candidate Name	C	ategory/	Amount of Each Disbursement this Period  1000.00
contribution  Candidate Name  Rand Paul  Office Sought: House Disbursem	nent For: 2016  Primary		
contribution  Candidate Name  Rand Paul  Office Sought:  House  Senate  President	nent For: 2016 Primary X General	category/ Type	1000.00
contribution  Candidate Name  Rand Paul  Office Sought: House  Senate President State: KY District: 00  Full Name (Last, First, Middle Initial)  C. Roskam for Congress  Mailing Address P. O. Box 713	nent For: 2016 Primary	category/ Type	1000.00  Memo Item  Date of Disbursement
contribution  Candidate Name Rand Paul  Office Sought: House Senate President State: KY District: 00  Full Name (Last, First, Middle Initial)  C. Roskam for Congress  Mailing Address P. O. Box 713  City Symbols Sym	nent For: 2016 Primary X General	category/ Type	1000.00  Memo Item  Date of Disbursement
contribution  Candidate Name Rand Paul  Office Sought: House Senate President State: KY District: 00  Full Name (Last, First, Middle Initial)  C. Roskam for Congress  Mailing Address P. O. Box 713  City Wheaton Purpose of Disbursement contribution  Candidate Name Peter Roskam	nent For: 2016 Primary General Other (specify)   State Zip Code IL 60187	category/ Type	Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
contribution  Candidate Name Rand Paul  Office Sought: House Senate President State: KY District: 00  Full Name (Last, First, Middle Initial)  C. Roskam for Congress  Mailing Address P. O. Box 713  City S Wheaton Purpose of Disbursement contribution  Candidate Name Peter Roskam  Office Sought: House Senate President  Disbursem	nent For: 2016 Primary General Other (specify)   state Zip Code IL 60187	category/ Type	Memo Item  Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
contribution  Candidate Name Rand Paul  Office Sought: House Senate President State: KY District: 00  Full Name (Last, First, Middle Initial)  C. Roskam for Congress  Mailing Address P. O. Box 713  City Wheaton Purpose of Disbursement contribution  Candidate Name Peter Roskam  Office Sought: House Senate President	nent For: 2016 Primary General Other (specify)   State Zip Code IL 60187  Conent For: 2016 Primary General Other (specify)   General	category/ Type	Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

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or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.  NAME OF COMMITTEE (in Full)  Wellcare Health Plans, Inc. PAC (WellCare PAC)  Full Name (Last, First, Middle Initial)  Texans for Senator John Cornyn  Mailing Address P. O. Box 13026  City State Zip Code Austin Tx 78711  Furpose of Disbursement contribution  Candidate Name  Category' Type  Office Sought: House Senate Primary General Conference of Disbursement (SC 29407)  Full Name (Last, First, Middle Initial)  Transaction ID : SB23.25537  Amount of Each Disbursement (SC 29407)  Transaction ID : SB23.25537  Amount of Each Disbursement (SC 29407)  Transaction ID : SB23.25537  Amount of Each Disbursement (SC 29407)  Transaction ID : SB23.25537  Amount of Each Disbursement (SC 29407)  Transaction ID : SB23.25537  Amount of Each Disbursement (SC 29407)  Transaction ID : SB23.25537  Amount of Each Disbursement (SC 29407)  Transaction ID : SB23.25537  Amount of Each Disbursement (SC 29407)  Transaction ID : SB23.25537  Amount of Each Disbursement (SC 29407)  Transaction ID : SB23.25537  Amount of Each Disbursement (SC 29407)  Transaction ID : SB23.25537  Amount of Each Disbursement (SC 29407)  Transaction ID : SB23.25537  Amount of Each Disbursement (SC 29407)  Transaction ID : SB23.25537  Amount of Each Disbursement (SC 29407)  Transaction ID : SB23.25537  Amount of Each Disbursement (SC 29407)  Transaction ID : SB23.25537  Amount of Each Disbursement (SC 29407)  Transaction ID : SB23.25537  Amount of Each Disbursement (SC 29407)  Transaction ID : SB23.25537  Amount of Each Disbursement (SC 29407)  Transaction ID : SB23.25537  Amount of Each Disbursement (SC 29407)  Transaction ID : SB23.25537  Amount of Each Disbursement (SC 29407)  Transaction ID : SB23.25537  Amount of Each Disbursement (SC 29407)  Transaction ID : SB23.25535  Transa	ITEMIZED DISBURSEMENTS	for each category of the	21b	22 🔀 23 🔲 24 📗 25 📉 26
NAME OF COMMITTEE (in Full)  Wellcare Health Plans, Inc. PAC (WellCare PAC)  Full Name (Last, First, Middle Initial)  At Exans for Senator John Cornyn  Mailing Address P. O. Box 13026  City State Zip Code TX 78711  Purpose of Disbursement contribution  Candidate Name  John Cornyn  Office Sought: House Primary General  State: TX District: 00  Full Name (Last, First, Middle Initial)  Tim Scott for Senate  Primary General  Primary General  Primary General  Other (specify) ▼  Transaction ID : SB23.25535  Amount of Each Disbursement this Period  Category'  Type  Transaction ID : SB23.25535  Amount of Each Disbursement this Period  Category'  Type  Transaction ID : SB23.25535  Amount of Each Disbursement this Period  Category'  Type  Transaction ID : SB23.25535  Amount of Each Disbursement  Office Sought: House Disbursement For: 2020  Amount of Each Disbursement this Period  Category'  Type  Transaction ID : SB23.25537  Amount of Each Disbursement  Category'  Type  Transaction ID : SB23.25537  Amount of Each Disbursement this Period  Category'  Type  Mailing Address  City State Zip Code  Primary General  Other (specify) ▼  Date of Disbursement this Period  Category'  Type  Memo Item  Amount of Each Disbursement this Period  Category'  Type  Memo Item				
Texans for Senator John Cornyn  Mailing Address P. O. Box 13026  City State Zip Code TX 78711  Purpose of Disbursement contribution  Candidate Name  John Cornyn  City State Zip Code TX 78711  Amount of Each Disbursement this Period Candidate Name  John Cornyn  City State Zip Code Tx 78711  Amount of Each Disbursement this Period Candidate Name  John Cornyn  Category/ Type  Date of Disbursement  Transaction ID : \$823.25535  Amount of Each Disbursement this Period Candidate Name  Date of Disbursement this Period  Candidate Name  Category/ Type  Category	NAME OF COMMITTEE (In Full) Wellcare Health Plans, Inc. PAC (V			COLOR COMMISSIONS FOR SUCH COMMISSION.
Malling Address P. O. Box 13026  City State Zip Code Austin TX 78711  Purpose of Disbursement contribution  Candidate Name  John Cornyn  Office Sought: House Senate President State: TX Disirict: 00  Full Name (Last, First, Middle Initial)  Transaction ID : SB23.25535  Amount of Each Disbursement this Period Memo Item  Date of Disbursement  Office Sought: House Senate President State: Zip Code Senate President Contribution  Candidate Name  Category/ Type  Date of Disbursement  Office Sought: House Senate Primary General Primary General President State: SC District: 00  Full Name (Last, First, Middle Initial)  Transaction ID : SB23.25537  Amount of Each Disbursement this Period Memo Item  Transaction ID : SB23.25537  Amount of Each Disbursement Initial Primary General Primary General President State: SC District: 00  Purpose of Disbursement  Candidate Name  Category/ Type  Memo Item  Amount of Each Disbursement this Period Category/ Type  Memo Item  Amount of Each Disbursement Initial Primary General Disbursement To::  Sonate President Disbursement For: Other (specify) ✓	_			Data of Diskumannant
City	I exans for Senator John Cornyn			
Auslin TX 78711  Purpose of Disbursement contribution Candidate Name John Cornyn  Office Sought: House President State: TX Disbrict: 00  Tim Scott for Senate Mailing Address 1405 Ashley River Road  City State Zip Code Candidate Name Candidate Name Candidate Name Candidate Name  Office Sought: House Primary General  City State Zip Code Candidate Name Candidate Name  Category/ Type  Transaction ID : \$823.25535  Amount of Each Disbursement this Period  Date of Disbursement  Date of Disbursement  Transaction ID : \$823.25537  Amount of Each Disbursement this Period  Category/ Type  Date of Disbursement this Period  Category/ Type  Date of Disbursement this Period  Category/ Type  Date of Disbursement this Period  Category/ Type  Amount of Each Disbursement this Period  Category/ Type  Office Sought: House Disbursement For: Category/ Type  Office Sought: President Other (specify)   State: Zip Code  Purpose of Disbursement  Category/ Type  Office Sought: House Disbursement For: Category/ Type  Office Sought: President Other (specify)   State: Zip Code  Purpose of Disbursement  Category/ Type  Amount of Each Disbursement this Period  Category/ Type  Memo Item  State: District: Other (specify)   State: Sc District: Other (specify)   State: District: Other (specify)   Amount of Each Disbursement this Period  Category/ Type  Date of Disbursement this Period  Category/ Ty	Mailing Address P. O. Box 13026			05 04 2016
Purpose of Disbursement contribution  Candidate Name  John Cornyn  Office Sought:  House Senate President State: TX District: 00  Full Name (Last, First, Middle Initial)  State: SC District: 00  Full Name (Last, First, Middle Initial)  State: SC District: 00  Full Name (Last, First, Middle Initial)  State: SC District: 00  Full Name (Last, First, Middle Initial)  Mailing Address  City State Zip Code SC 29407  Furpose of Disbursement Contribution  Candidate Name  President State: Disbursement For: 2018  President State: SC District: 00  Full Name (Last, First, Middle Initial)  Mailing Address  City State Zip Code  Purpose of Disbursement For: 2018  President State: SC District: 00  Full Name (Last, First, Middle Initial)  Category/ Type  Office Sought: House Senate Primary General Category/ Type  Office Sought: House Senate Primary General Category/ Type  Office Sought: Disbursement For: Senate Primary General Category/ Type  Office Sought: House Senate Primary General Category/ Type  Date of Disbursement this Period Category/ Type  Memo Item  State: Disbursement For: Senate Primary General Other (specify) ▼  Substotal of Disbursement This Page (optional)				Transaction ID : SB23.25535
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John Cornyn  Office Sought: House Senate President State: TX District: 00  Full Name (Last, First, Middle Initial)  Senate President Scott  Office Sought: House Senate President Scott  Office Sought: House Senate President Scott  Office Sought: House Senate President State: Zip Code Charleston Sc Zey407  Purpose of Disbursement Contribution  Candidate Name Timothy E. Scott  Office Sought: House President State: Sc District: 00  Full Name (Last, First, Middle Initial)  Mailing Address  City State Zip Code Category/ Type  Other (specify) ▼  Date of Disbursement  Transaction ID: SB23.25537  Amount of Each Disbursement this Period Memo Item  Date of Disbursement this Period  Amount of Each Disbursement this Period  Category/ Type  Other (specify) ▼  Amount of Each Disbursement this Period  Category/ Type  Office Sought: House Senate Primary General Other (specify) ▼  Subtotal of Disbursement this Period  Amount of Each Disbursement this Period  Amount of Each Disbursement this Period  Amount of Each Disbursement this Period  Office Sought: House Senate Primary General Other (specify) ▼  Subtotal of Disbursements This Page (optional)				Amount of Each Disbursement this Period
Senate President Other (specify) Total District: 00  Full Name (Last, First, Middle Initial)  Tim Scott for Senate  Mailing Address 1405 Ashley River Road  City State Zip Code SC 29407  Purpose of Disbursement contribution  Candidate Name  Timothy E. Scott  Office Sought: House President President  State: SC District: 00  Full Name (Last, First, Middle Initial)  Full Name (Last, First, Middle Initial)  Amount of Each Disbursement this Period  Memo Item  Amount of Each Disbursement this Period  Category' Type  Office Sought: Amount of Each Disbursement this Period  Category' Type  Office Sought: Amount of Each Disbursement this Period  Category' Type  Office Sought: Amount of Each Disbursement this Period  Category' Type  Office Sought: House President Pres				5000.00
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City State Zip Code  Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Senate Primary General President President Other (specify)  State: District:  SUBTOTAL of Disbursements This Page (optional)	C.			
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SCHEDULE B (FEC Form 3X)	11	FOR LINE	NUMBER: PAGE 256 OF 258
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	
	Detailed Summary Page	21b	22 23 24 25 26 28a 28b 28c X 29 30b
Any information copied from such Reports and Statem	lents may not be sold or use		
or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full)			
angle Wellcare Health Plans, Inc. PAC (V	VellCare PAC)		
Full Name (Last, First, Middle Initial)			B (B)
A. Friends of Tim Moore			Date of Disbursement
Mailing Address 305 E. King Street			04 22 2016
,	State Zip Code NC 28086		Transaction ID : SB29.25276
Purpose of Disbursement	2000		
non-federal contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	2000.00
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	Primary General		Memo Item
	Other (specify) ▼		
State: District:			
Full Name (Last, First, Middle Initial)  Kentucky Democratic Party			Date of Disbursement
Nemucky Democratic Fally			M M / D D / Y Y Y Y Y
Mailing Address P. O. Box 694			05 19 2016
,	State Zip Code KY 40602		Transaction ID : SB29.25547
Purpose of Disbursement	40002		
non-federal contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	2500.00
Office Sought: House Disbursen	nent For:	Туре	Memo Item
	Primary General		Wellio Relli
	Other (specify) ▼		
State: District:			
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Kentucky House Democratic Caucu			M M / D D / Y Y Y Y
Mailing Address P. O. Box 4204			06 06 2016
,	State Zip Code		Transaction ID : SB29.25713
Frankfort Purpose of Disbursement	KY 40604		
non-federal contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	
05		Type	2500.00
Office Sought: House Disbursen Senate	nent For:  Primary General		Memo Item
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			7000.00
SUBTOTAL of Disbursements This Page (optional)		······	7000.00
TOTAL This Period (last page this line number only)			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.  NAME OF COMMITTEE (in Full)  Wellcare Health Plans, Inc. PAC (WellCare PAC)  Full Name (Last, First, Middle Initial)  A. Loveless for Senate 2016  Mailing Address 4701 S.W. 127th  City State Zip Code Oklahoma City OK 73173  Purpose of Disbursement non-federal contribution  Candidate Name Disbursement For:  President State: District:  Phill Name (Last, First, Middle Initial)  B. Phil Berger Committee  Mailing Address P. O. Box 1309  City State Zip Code Senate Primary General Other (specify) ▼  Transaction ID : SB29.26361  Amount of Each Disbursement Of Senate Primary General Office Sought: House Disbursement For:  Senate Primary General Office Sought: Office S	Any information copied from such Reports and Statemen or for commercial purposes, other than using the name at NAME OF COMMITTEE (In Full)  Wellcare Health Plans, Inc. PAC (We Full Name (Last, First, Middle Initial)  A. Loveless for Senate 2016  Mailing Address 4701 S.W. 127th  City State Oklahoma City Oklaho	or each category of the petalled Summary Page its may not be sold or und address of any politicare PAC)	21b 27 used by any perso	22 23 24 25 26 28 28 28 29 30 on for the purpose of soliciting contributions of solicitic contributions from such committee.
nor for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.  NAME OF COMMITTEE (in Full)  Wellcare Health Plans, Inc. PAC (WellCare PAC)  Full Name (Last, First, Middle Initial)  A. Loveless for Senate 2016  Mailing Address 4701 S.W. 127th  City Okishoma City Okishoma City Okishoma City Office Sought: Purpose of Disbursement non-deferal contribution  Candidate Name Office Sought: Senate President  State: District:  Full Name (Last, First, Middle Initial)  B. Phil Berger Committee  Mailing Address P. O. Box 1309  City Edward Senate President State: District:  Full Name (Last, First, Middle Initial) C. Phil Berger Committee  Mailing Address P. O. Box 1309  City Senate President State: District:  Full Name (Last, First, Middle Initial) C. Phil Berger Committee  Mailing Address P. O. Box 1309  City Senate President State: District:  Full Name (Last, First, Middle Initial) C. Phil Berger Committee  Mailing Address P. O. Box 1309  City Senate President Other (specify) ▼  Date of Disbursement this Period Category/ Type  Date of Disbursement  Category/ Type  Date of Disbursement  Date of Disbursement  Transaction ID : S829.26357  Amount of Each Disbursement  Other (specify) ▼  Date of Disbursement  Category/ Type  Date of Disbursement  Other (specify) ▼  Transaction ID : S829.26357  Amount of Each Disbursement  Other (specify) ▼  Transaction ID : S829.26357  Amount of Each Disbursement  Other (specify) ▼  Transaction ID : S829.26357  Amount of Each Disbursement  Other (specify) ▼  Transaction ID : S829.26357  Amount of Each Disbursement  Other (specify) ▼  Transaction ID : S829.26357  Amount of Each Disbursement  Other (specify) ▼  Transaction ID : S829.26357  Amount of Each Disbursement  Other (specify) ▼  Transaction ID : S829.26357	NAME OF COMMITTEE (In Full)  Wellcare Health Plans, Inc. PAC (We  Full Name (Last, First, Middle Initial)  A. Loveless for Senate 2016  Mailing Address 4701 S.W. 127th  City State Oklahoma City Oklahoma City Oklahoma City Other Purpose of Disbursement non-federal contribution  Candidate Name  Office Sought: House Senate Pring President State: District:  Full Name (Last, First, Middle Initial)  3. Phil Berger Committee  Mailing Address P. O. Box 1309  City State Eden NC Purpose of Disbursement non-federal contribution	IICare PAC)  E Zip Code		Date of Disbursement
NAME OF COMMITTEE (in Full)  WellCare Health Plans, Inc. PAC (WellCare PAC)  Full Name (Last, First, Middle Initial) A. Loveless for Senate 2016  Mailing Address 4701 S.W. 127th  City Oklahoma City	NAME OF COMMITTEE (In Full)  Wellcare Health Plans, Inc. PAC (We  Full Name (Last, First, Middle Initial)  A. Loveless for Senate 2016  Mailing Address 4701 S.W. 127th  City State Oklahoma City Okla	IICare PAC)		Date of Disbursement
AL Loveless for Senate 2016  Mailing Address 4701 S.W. 127th  City	A. Loveless for Senate 2016  Mailing Address 4701 S.W. 127th  City State Oklahoma City Senate Prisident Senate Prisident Other State: District:  Full Name (Last, First, Middle Initial)  3. Phil Berger Committee  Mailing Address P. O. Box 1309  City State Eden NC Purpose of Disbursement non-federal contribution			
Mailing Address 4701 S.W. 127th  City State Zip Code Okahoma City OK 73173  Prurpose of Disbursement non-federal contribution  Candidate Name Clast, First, Middle Initial)  B. Phil Berger Committee  Mailing Address P. O. Box 1309  City State Zip Code NC 27289  Purpose of Disbursement non-federal contribution  Candidate Name  Category' Type  Date of Disbursement  Amount of Each Disbursement this Period  Category' Type  Date of Disbursement  Transaction ID : SB29.26361  Amount of Each Disbursement this Period  Category' Type  Transaction ID : SB29.26361  Amount of Each Disbursement  Date of Disbursement  Transaction ID : SB29.25277  Amount of Each Disbursement this Period  Candidate Name  Category' Type  Disbursement For:  Senate Primary General  Other (specify) ▼  Date of Disbursement this Period  Category' Type  Transaction ID : SB29.25277  Amount of Each Disbursement this Period  Category' Type  Date of Disbursement  Category' Type  Transaction ID : SB29.26357  Amount of Each Disbursement this Period  Category' Type  City State Zip Code  NC 27289  Primary General  City State Zip Code  NC 27289  Ci	Mailing Address 4701 S.W. 127th  City Stat Oklahoma City Ok Purpose of Disbursement non-federal contribution  Candidate Name  Office Sought: House Senate Prisident President State: District:  Full Name (Last, First, Middle Initial)  3. Phil Berger Committee  Mailing Address P. O. Box 1309  City Stat Eden NC Purpose of Disbursement non-federal contribution			
City	City Oklahoma City Oklahoma City Oklahoma City Oklahoma City Oklahoma City Oklahoma City Purpose of Disbursement non-federal contribution  Candidate Name  Office Sought: House Senate Primary President Other State: District:  Full Name (Last, First, Middle Initial)  Phil Berger Committee  Mailing Address P. O. Box 1309  City State Eden NC Purpose of Disbursement non-federal contribution			
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Purpose of Disbursement non-federal contribution Candidate Name  Office Sought: House President State: District:  Full Name (Last, First, Middle Initial) Candidate Name  City State Zip Code NC 27289  Purpose of Disbursement for: Senate Primary General Other (specify) ▼  Transaction ID: SB29.25277  Amount of Each Disbursement this Period Security State: District:  Full Name (Last, First, Middle Initial) Candidate Name  Category/ Type  Office Sought: House President Other (specify) ▼  Full Name (Last, First, Middle Initial) C. Phil Berger Committee  Mailing Address P. O. Box 1309  City Senate President Other (specify) ▼  Transaction ID: SB29.25277  Amount of Each Disbursement this Period Category/ Type  Date of Disbursement  Amount of Each Disbursement  Amount of Each Disbursement  Transaction ID: SB29.25277  Transaction ID: SB29.25277  Transaction ID: SB29.25277  Transaction ID: SB29.25277  Amount of Each Disbursement  Category/ Type  Transaction ID: SB29.26357  Amount of Each Disbursement this Period Category/ Type  Office Sought: House Disbursement For: Category/ Type  Office Sought: Primary General Other (specify) ▼  Office Sought: House Disbursement For: Category/ Type  Office Sought: House Disbursement For: Category/ Type  Office Sought: Primary General Other (specify) ▼  Office Sought: House Disbursement For: Category/ Type  Office Sought: Primary General Other (specify) ▼	Purpose of Disbursement non-federal contribution  Candidate Name  Office Sought: House Senate Pring President State: District:  Full Name (Last, First, Middle Initial)  Phil Berger Committee  Mailing Address P. O. Box 1309  City State State Mc Purpose of Disbursement non-federal contribution	10110		Transaction ID : SB29.26361
Cardidate Name  Category/ Type  Office Sought: House Senate Primary General President State: District:  Full Name (Last, First, Middle Initial)  B. Phil Berger Committee  Mailing Address P, O, Box 1309  City State Zip Code Eden NC 27289  Purpose of Disbursement non-federal contribution  Candidate Name  Office Sought: House President Primary General Other (specify) ▼  State: District: District	Candidate Name  Office Sought: House Senate Prisipersident Othe State: District:  Full Name (Last, First, Middle Initial)  Phil Berger Committee  Mailing Address P. O. Box 1309  City State State Eden NC Purpose of Disbursement non-federal contribution			Assessed of Foods Pickers are said this Posited
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Senate President Other (specify) ▼  State: District:  Full Name (Last, First, Middle Initial)  B. Phil Berger Committee  Mailing Address P. O. Box 1309  City State Zip Code Eden NC 27289  Purpose of Disbursement non-federal contribution  Candidate Name  Office Sought: House Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  C. Phil Berger Committee  Mailing Address P. O. Box 1309  Transaction ID: SB29.25277  Amount of Each Disbursement this Period Category/ Type  Other (specify) ▼  Transaction ID: SB29.25277  Amount of Each Disbursement this Period Category/ Type  Date of Disbursement this Period Date of Disbursement  Transaction ID: SB29.2537  Amount of Each Disbursement this Period Date of Disbursement  Category/ Type  Office Sought: NC 27289  Purpose of Disbursement NC 27289  Purpose of Disbursement Void check dated 1/11/16  Candidate Name  Disbursement For: Category/ Type  Office Sought: House Disbursement For: Category/ Type  Office Sought: House Disbursement For: Senate Primary General President Other (specify) ▼  Memo Item  Memo Item	Senate President Oth State: District:  Full Name (Last, First, Middle Initial)  3. Phil Berger Committee  Mailing Address P. O. Box 1309  City State Eden NC Purpose of Disbursement non-federal contribution			500.00
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City State Zip Code NC 27289  Purpose of Disbursement non-federal contribution  Candidate Name  Category/ Type  Office Sought: House Senate President State: District:  Full Name (Last, First, Middle Initial)  C. Phil Berger Committee  Mailing Address P. O. Box 1309  City State Zip Code NC 27289  City State Zip Code NC 27289  Purpose of Disbursement Void check dated 1/11/16  Candidate Name  Office Sought: House Disbursement For: Category/ Type  Office Sought: NC 27289  Purpose of Disbursement Void check dated 1/11/16  Candidate Name  Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼  Memo Item	City Stat Eden NC Purpose of Disbursement non-federal contribution			
Eden NC 27289  Purpose of Disbursement non-federal contribution  Candidate Name  Category/ Type  Office Sought: House Senate Primary General Other (specify)   Mailing Address P. O. Box 1309  City State Zip Code Eden NC 27289  Purpose of Disbursement Void check dated 1/11/16  Candidate Name  Office Sought: House Senate Primary General Other (specify)   Category/ Type  Date of Disbursement  Transaction ID: SB29.26357  Amount of Each Disbursement this Period  Transaction ID: SB29.26357  Amount of Each Disbursement  Category/ Type  Transaction ID: SB29.26357   Memo Item  Memo Item  Memo Item	Eden NC Purpose of Disbursement non-federal contribution			
Tansaction ID : SB29.26357  Amount of Each Disbursement this Period  Category/ Type  Office Sought: House Senate Primary General Other (specify) ▼  State: District:  Full Name (Last, First, Middle Initial)  C. Phil Berger Committee  Mailing Address P. O. Box 1309  City State Zip Code Eden NC 27289  Purpose of Disbursement Void check dated 1/11/16  Candidate Name  Office Sought: House Senate Primary General Other (specify) ▼  Memo Item  Amount of Each Disbursement this Period  Transaction ID : SB29.26357  Amount of Each Disbursement this Period  Category/ Type  Memo Item	non-federal contribution			Transaction ID : SB29.25277
Candidate Name  Category/ Type  Office Sought: House Senate Primary General Other (specify) ▼  State: District:  Full Name (Last, First, Middle Initial)  C. Phil Berger Committee  Mailing Address P. O. Box 1309  City State Zip Code Eden NC 27289  Purpose of Disbursement Void check dated 1/11/16  Candidate Name  Office Sought: House Senate Primary General Other (specify) ▼  Office Sought: House Senate Primary General Other (specify) ▼  Memo Item  Memo Item  Memo Item  Memo Item  Memo Item	Candidata Nama			Amount of Each Disbursement this Period
Senate President Other (specify) ▼  State: District:  Full Name (Last, First, Middle Initial)  Phil Berger Committee  Mailing Address P. O. Box 1309  City State Zip Code Eden NC 27289  Purpose of Disbursement Void check dated 1/11/16  Candidate Name  Office Sought: House Senate Primary General Other (specify) ▼  Memo Item  Memo Item	Candidate Name			
Full Name (Last, First, Middle Initial)  C. Phil Berger Committee  Mailing Address P. O. Box 1309  City State Zip Code Eden NC 27289  Purpose of Disbursement Void check dated 1/11/16  Candidate Name  Category/ Type  Office Sought: House Senate Primary General President Other (specify)   Memo Item  Date of Disbursement  Transaction ID: SB29.26357  Amount of Each Disbursement this Period  Category/ Type  Memo Item	Senate Pri	mary General		Memo Item
Date of Disbursement  Mailing Address P. O. Box 1309  City State Zip Code Eden NC 27289  Purpose of Disbursement Void check dated 1/11/16  Candidate Name  Category/ Type  Transaction ID: SB29.26357  Amount of Each Disbursement this Period  Category/ Type  Office Sought: House Senate Primary General Other (specify) ▼  Date of Disbursement  Transaction ID: SB29.26357   Amount of Each Disbursement this Period  Memo Item				
Mailing Address P. O. Box 1309  City Eden NC 27289  Purpose of Disbursement Void check dated 1/11/16  Candidate Name  Category/ Type  Office Sought: House Senate President Disbursement For: Senate Primary General Other (specify)  Memo Item	,			
Eden NC 27289  Purpose of Disbursement Void check dated 1/11/16  Candidate Name  Category/ Type  Office Sought: House Disbursement For: Senate Primary General Primary General Other (specify)  Other (specify)  Primary General Other (specify)  President Disbursement For:	Mailing Address P. O. Box 1309			
Purpose of Disbursement Void check dated 1/11/16  Candidate Name  Category/ Type  Category/ Type  Category/ Type  Amount of Each Disbursement this Period  Category/ Type  General Primary General President  Other (specify) ▼	·			Transaction ID : SB29.26357
Candidate Name  Category/ Type  Category/ Type  Category/ Type  -2000.00  Memo Item	Purpose of Disbursement	21209		
Office Sought:  House Senate Primary Other (specify)  Memo Item  Memo Item				
State: District:	Senate Pri	mary General	Туре	
	State: District:			L

SCHEDULE B (FEC Form 3X)	I llaa aanarata aahadula(a) I		E NUMBER: PAGE 258 OF 258
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	22 23 24 25 26 28a 28b 28c × 29 30
Any information copied from such Reports and Statem or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full)  Wellcare Health Plans, Inc. PAC (W	•		The state of the s
Full Name (Last, First, Middle Initial)			Date of Disbursement
A. Texans for Joe Straus  Mailing Address P. O. Box 90388			05 06 2016
Cit.	tata Zin Codo		
San Antonio	State Zip Code TX 78209		Transaction ID: SB29.25545
Purpose of Disbursement non-federal contribution			Amount of Each Disbursement this Period
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	nent For: Primary General Other (specify)	Турс	Memo Item
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Mailing Address			M M / D D / Y Y Y Y
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Purpose of Disbursement			Amount of Each Disbursement this Period
Candidate Name  Category/ Type			
President	nent For:  Primary General  Other (specify)		Memo Item
State: District:  Full Name (Last, First, Middle Initial)			
C.			Date of Disbursement
Mailing Address			
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Purpose of Disbursement			
Candidate Name  Category/ Type			Amount of Each Disbursement this Period
	nent For: Primary General Other (specify)	.,,,,,	Memo Item
SUBTOTAL of Disbursements This Page (optional)			2000.00
TOTAL This Period (last page this line number only).			9500.00